2004 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 02, 2004 08:00 AM Secretary of State **DOCUMENT # F98000001171** 1. Entity Name SILVER SOUND CORP. Principal Place of Business Mailing Address 318 N. CARSON STREET P.O. BOX 17297 **SUITE 214** CLEARWATER, FL 33762 CARSON CITY, NV 89701 No Chg-P 07232004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Numbe Applied For 88-0304989 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WENDEL, JOHN F DO NOT WRITE 5300 SOUTH FLORIDA AVENUE LAKELAND, FL 33813 IN THIS SPACE 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE... Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstelling) DATE 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Due by September 5, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS PCD TITLE NAME ROLLAR, GEORGE STREET ADDRESS 318 N CARSON STREET, STE 214 U00000169051 08/02/04-80008-007 150.00 CITY - ST - ZIP CARSON CITY, NV TITLE NAME STREET ACCRESS CITY-ST-ZIP स्ता∉ NAME STREET ADDRESS DO NOT WRITE City-Si-ZiP IN THIS SPACE TITLE NAME STREET ADDRESS SITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CICNIATURE.

NAME
STREET ADDRESS
CITY- ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY- ST-ZIP

HODATURE AND TYPED DYPHINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-04 345-945-3505

FILED