

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000007080

Entity Name: SILVANIA RESOURCES, INC.

FILED
May 01, 2004
Secretary of State

Current Principal Place of Business:

1820 N CORPORATE LAKES BLVD
SUITE 307
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1820 N CORPORATE LAKES BLVD
SUITE 307
WESTON, FL 33326

New Mailing Address:

FEI Number: 22-3096554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THILEN, NICHOLAS
10148 NW 66TH DR
PARKLAND, FL 33076 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: THILEN, NICHOLAS
Address: 10148 NW 66TH DRIVE
City-St-Zip: PARKLAND, FL 33076 US

Title: PCOO () Delete
Name: THILEN, FREDRICK
Address: 1390 VICTORIA ISLE DRIVE
City-St-Zip: WESTON, FL 33327 US

Title: CHMN () Delete
Name: THILEN, RALF
Address: 6224 NW 102ND WAY
City-St-Zip: PARKLAND, FL 33076 US

Title: TREAS () Delete
Name: THILEN, ANDREA
Address: 10148 NW 66TH DRIVE
City-St-Zip: PARKLAND, FL 33076 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: NICHOLAS THILEN

PCEO

05/01/2004

Electronic Signature of Signing Officer or Director

Date