

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000007080

Entity Name: SILVANIA RESOURCES, INC.

FILED  
May 01, 2009  
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: TREA ( ) 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 exemption stated in Chapter 119, 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

05/01/2009

Electronic Signature of Signing Officer or Director

Date