
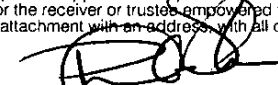


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90008 004 \*\*\*150.00

<b>DOCUMENT # H94308</b> 1. Entity Name <b>TRUE SILVER CORPORATION</b>					
Principal Place of Business <b>3500 W HALLANDALE BCH BLVD PEMBROKE PARK, FL 33023 US</b>			Mailing Address <b>3500 W HALLANDALE BCH BLVD PEMBROKE PARK, FL 33023 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2618957</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>HACKER, GARY 3300 N 29TH AVE STE 102 HOLLYWOOD, FL 33020</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>SCHOONOVER, RICHARD</b> <b>5375 SW 34TH WAY</b> <b>FORT LAUDERDALE, FL 33312</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			<b>RICHARD G. SCHOONOVER</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <b>3/16/06</b> Daytime Phone #: <b>954-963-9682</b>		

ATTACHMENT  
40037173  
# H94308  
**ANNUAL REPORT  
FOR PROFIT CORPORATION**

**FILING INSTRUCTIONS**

**FOR THE PERIOD**

2006

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**Prepared for** TRUE SILVER CORPORATION  
3500 W HALLANDALE BEACH BLVD.  
PEMBROKE PARK, FLORIDA 33023

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**Mail form to** DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

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**Form must be  
mailed on or  
before** APRIL 30, 2006

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**Special  
Instructions** PLEASE MAKE CHANGES TO ANY INFORMATION THAT  
HAS CHANGED OR IS INCORRECT.  
PLEASE SIGN AND DATE FORM WHERE INDICATED.  
MAKE CHECK PAYABLE TO "FLORIDA DEPARTMENT  
OF STATE" IN THE AMOUNT OF \$150.00 AND  
MAIL FORM AND CHECK AS INDICATED ABOVE.

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