2007 FOR PROFIT CORPORATION

Mar 22, 2007 8:00 am **Secretary of State ANNUAL REPORT** DOCUMENT # H94308 03-22-2007 90008 014 ***150.00 TRUÉ SILVER CORPORATION DUU4/113 Principal Place of Business Mailing Address 3500 W HALLANDALE BCH BLVD 3500 W HALLANDALE BCH BLVD PEMBROKE PARK, FL 33023 US PEMBROKE PARK, FL 33023 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 02262007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2618957 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HACKER, GARY Street Address (P.O. Box Number is Not Acceptable) 3300 N 29TH AVE STE 102 HOLLYWOOD, FL 33020 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. XXI Change me ☐ Addition ☐ Delete TITLE SCHOONOVER, RICHARD NAME NAME STREET ADDRESS 5375 SW 34TH WAY STREET ADDRESS 5348 SW 34th WAY CITY-ST-ZIP FORT LAUDERDALE, FL 33312 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITI F ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME

12. I hereby certify that the information supplier indicated on this report or supplemental epot of the corporation or the receiver of the corporation of the corporati th this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 dowered 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 attag with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED