

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-18-2006 90077 047 ***550.00



DOCUMENT # J20340

1. Entity Name

SILKS PLUS, INC.

Principal Place of Business
 24181-3 TAMiami TRAIL
 BONITA SPRINGS FL 34134
 US

Mailing Address
 24181-3 TAMiami TRAIL
 BONITA SPRINGS FL 34134
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE CR2E034 (4/06)

City & State

City & State

4. FEI Number **59-2702311**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SMITH, DOT ANN
 5451 GOVERNORS DR.
 FORT MYERS FL 33907~~

~~Kimbra M Smith~~
 15030 Balmoral Loop

Name *Kimbra M Smith*

Street Address (P.O. Box Number is Not Acceptable)

15030 Balmoral Loop

City *FT Myers*

FL

Zip Code *33919*

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

8/10/06

FILE NOW!!! FEE IS \$550.00
DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, JEFFERY R.	
STREET ADDRESS	20561 GROVELINE COURT	
CITY - ST - ZIP	ESTERO FL	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DOT ANN	
STREET ADDRESS	5451 GOVERNORS DR.	
CITY - ST - ZIP	FORT MYERS FL 33907	
TITLE	<i>B</i>	<input type="checkbox"/> Delete
NAME	<i>KIMBRA SMITH</i>	
STREET ADDRESS	<i>15030 Balmoral Loop</i>	
CITY - ST - ZIP	<i>FT Myers FL 33919</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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.

SIGNATURE:

Kimbra M Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/06

Date

(239) 948-7572

Daytime Phone #