## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J42615

Entity Name: SILK FOR LESS, INC.

FILED Feb 26, 2009 Secretary of State

Littly Na	ille. Silk FOI	K LEGG, INC	•				
Current Principal Place of Business:				New Princ	New Principal Place of Business:		
	ONALD REAGA NTE SPRINGS		US				
Current N	/lailing Addres	ss:		New Maili	ng Address	<b>:</b>	
	ONALD REAGA NTE SPRINGS		US				
FEI Number	r: 59-2732815	FEI Numbe	r Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	d Address of (	Current Reg	istered Agent:	Name and	Address o	f New Registered Agent:	
CARDENA 1750 S RO ALTAMON	AS, LUIS DNALD REAGA NTE SPRINGS	AN BLVD , FL 32701	US				
	e named entity e of Florida.	submits this	statement for the	purpose of changing	its registered	d office or registered agent, or both,	
SIGNATU	RE:						
	Electro	nic Signature	of Registered Ag	ent		Date	
Election Ca	mpaign Financin	g Trust Fund (	Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P ( CARDENAS, LI 1750 RONALD ALTAMONTE S	REAGAN BLV		Title: Name: Address: City-St-Zip:	CARDENAS, 123 ESTHER		
Title: Name: Address: City-St-Zip:	VP ( CARDENAS, C 123 ESTHER D COCOA BEAC	RIVE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ( GONZALEZ, FI 513 PEACH TF ALTAMONTE S	REE LANE	2701	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( BESTOR, DON 325 FORESTV ALTAMONTE S	/AY CIRCLE	2701	Title: Name: Address: City-St-Zip:	BESTOR, DO	PARK WAY, #106	

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: LUIS CARDENAS P 02/26/2009