

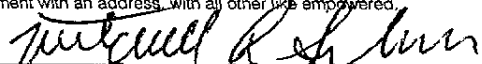


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # M91011 1. Entity Name MITCHELL A. SILVER & CO., INC.		
Principal Place of Business P.O. BOX 22-3592 HOLLYWOOD, FL 33022-3592	Mailing Address P.O. BOX 22-3592 HOLLYWOOD, FL 33022-3592	
<h1>DO NOT WRITE IN THIS SPACE</h1>		
 01052006 No Chg-P CR2E034 (11/05)		
4. FEI Number 22-2951144		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SILVER, MITCHELL A. 2648 WILSON ST HOLLYWOOD, FL 33020		<h1>DO NOT WRITE IN THIS SPACE</h1>
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT SILVER, MITCHELL A. 3015 N OCEAN BLVD 6L FT LAUDERDALE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SILVER, FREDDA A. 3015 N OCEAN BLVD 6L FT LAUDERDALE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
<h1>DO NOT WRITE IN THIS SPACE</h1>		
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: 		1/6/2006 9549220886 <small>Date Daytime Phone #</small>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		