


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M95945</b> 1. Entity Name <b>S-SLASH, INC.</b>	
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Principal Place of Business <b>10675 141ST AVE FELLSMERE FL 32948</b>	Mailing Address <b>10675 141ST AVE FELLSMERE FL 32948</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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1st MOORE      CR2E034 (10/07)

City & State  Zip      Country	City & State  Zip      Country	4. FEI Number <b>65-0105206</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  <b>PLATT, ROY E 10675 141ST AVENUE FELLSMERE FL 32948</b>	7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: <b>FL</b> Zip Code:
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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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title (if applicable)      Signature of Registered Agent and title (required when not filing)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.     **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DP <b>PLATT, ROY</b>	<input type="checkbox"/>
NAME	<b>10675 141ST AVE</b>	
STREET ADDRESS	<b>FELLSMERE FL 32948</b>	
CITY-ST-ZIP		
TITLE	DST <b>PLATT, SANDRA</b>	<input type="checkbox"/>
NAME	<b>10675 141ST AVE</b>	
STREET ADDRESS	<b>FELLSMERE FL 32948</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	000000905345	<input type="checkbox"/>	<input type="checkbox"/>
NAME	05/01/08-80049-015 150.00		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 Section 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:** Sandra C. Platt    Sandra C. Platt      4/15/08      (321) 288-5204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day and Phone #