2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT						FILED Jan 29, 2007 8:00 am Secretary of State					
DOCU	MENT # N060000)5839				2	01-29-200 [°]				
1. Entity Nam SILVER V	e VATCH CITIZENS PATRO	DL, INC.					01-29-200	/ 90093 0.	12 *****0	1.25	
Principal Place of Business % ERNEST BARNEY 1563 S.E. 169TH TERRACE RD SILVER SPRINGS, FL 34488			Mailing Address % ERNEST BARNEY 1563 S.E. 169TH TERRACE RD SILVER SPRINGS, FL 34488								
2. Principal P	lace of Business - No P.O. Box #	3. Mail	ing Address		{						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01112007 Chg-NP CR2E037 (12/06)					
City & State	əəəəəə	City & State				4. FEI Number	1 400	72		plied For	
Zip	Zip Country		Zip Cou		5 Certificate of Status Desired Status Sector						
	6. Name and Address of Currer	nt Registere	d Agent		7. Name and Address of New Registered Agent						
CAMPBELL, JUDITH 1725 S.E. 169TH TERRACE RD SILVER SPRINGS, FL 34488				Name Street A	Name Street Address (P.O. Box Number is Not Acceptable)						
				City			· · · · · · · · · · · · · · · · · · ·	FL	Zip Cod	8	
8. The above	named entity submits this statement	for the purp	ose of changing its r	registered office or	registered	d agent, or both,	in the State of F		amiliar with,	and accept	
SIGNATURE .	Signature. Nped of printed name of registered age Filing Fee is \$61.25 Due by May 1, 2007			Registered Agent algority paign Financing ontribution.		5.00 May Be added to Fees	Fic	DATE Make check orida Depart	ment of Si	iate	
10. TITLE NAME STREET ADDRESS CITY - ST - ZIP	OFFICERS AND D P BARNEY, ERNEST 1563 S.E. 169TH TERRACE R SILVER SPRINGS, FL 34488		Delete	11. TITLE NAME STREET ADDRESS CITY - ST - ZIP	AD	DDITIONS/CHAI	NGES TO OFFIC	ERS AND DIF	ECTORS IN Change	10 Addition	
TITLE NAME STREET AODRESS CITY - ST - ZIP	VP HALL, LOUIS 2107 S.E. 171ST CT SILVER SPRINGS, FL 34488		Sd Delete	TITLE V NAME STREET ADDRESS CITY-ST-ZIP	254	5 S.E	ELL 175 4 R1NGS,			Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAMPBELL, JUDITH 1725 S.E. 169TH TERRACE R SILVER SPRINGS, FL 34488	D	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<u></u>	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>	<u> </u>	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME Streef Address City-st-zip					Change	() Addition	
12. I hereby a indicated of the cor	certify that the information supplied w on this report or supplemental repor poration or the receiver or trustee en or on an attachment with an address	vith this filing t is true and npowered to s, with all oth	does not qualify for accurate and that m execute this report ar like empowered.	the exemptions on the exemptions on the signature shall has required by Cha	ontained in ave the sa upter 617, I	n Chapter 119, I Irme legal effect Florida Statutes	Florida Statutes. as if made unde ; and that my na	I further certi r oath; that I a me appears ir	fy that the ir m an officer n Block 10 o	or director or director r Block 11 if	
changeo,			~17	VII							