

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010784

FILED
Apr 14, 2009
Secretary of State

Entity Name: SILEXA SERVICES INC.

Current Principal Place of Business:

7439 HIGH LAKE DRIVE
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

7439 HIGH LAKE DRIVE
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 37-1530622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAY, CHRISTINE D
7439 HIGH LAKE DRIVE
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHING, LUCIEN Q
Address: 3169 DASHA PALM DRIVE
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: GAY, SCHONTA T
Address: 3610 QUAIL HOLLOW DRIVE
City-St-Zip: HEPZIBAH, GA 30815

Title: D () Delete
Name: COPEMANN, CAROLYN
Address: 7133 HIAWASSEE BT CLR
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXIS B. GAY

DIR

04/14/2009

Electronic Signature of Signing Officer or Director

Date