

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005373

FILED
Feb 26, 2009
Secretary of State

Entity Name: SILK AND SABLE MOUNTED DRILL TEAM INC.

Current Principal Place of Business:

13005 M & J ROAD
MYAKKA CITY, FL 34251

New Principal Place of Business:

Current Mailing Address:

13005 M & J ROAD
MAYKKA CITY, FL 34251

New Mailing Address:

FEI Number: 46-7133948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROOKER, MARK
13005 M & J ROAD
MYAKKA CITY, FL 34251 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: PD () Delete
Name: BROOKER, MARK
Address: 13005 M & J ROAD
City-St-Zip: MYAKKA CITY, FL 34251

Title: VPD () Delete
Name: WILLIAMS, JEANETTE
Address: 16021 WINBURN DR.
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: WILLIAMS, MELODEE
Address: 16021 WINBURN DR.
City-St-Zip: SARASOTA, FL 34240

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: MARK BROOKER

PD

02/26/2009

Electronic Signature of Signing Officer or Director

Date