2006 FOR PROFIT CORPORATION ANNUAL REPORT

 I hereby certify that the information suc indicated on this report or supplement of the corporation or the receiver or in

changed, or on an attachment with

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

Apr 06, 2006 08:00 AM Secretary of State DOCUMENT # P00000037412 1. Entity Name SILKSCREAMS, INC. Principal Place of Business Mailing Address 1110 SOUTH THIRD STREET 1110 SOUTH THIRD STREET JAQCKSONVILLE BEACH, FL 32250 JAQCKSONVILLE BEACH, FL 32250 04042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3635889 Not Applica \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent ARNOLD, CYNTHIA DO NOT WRITE 2005 SAMONTEE ROAD JACKSONVILLE, FL 32211 IN THIS SPACE 8. The above named entity submits this : distered office or registered agent, or both, in the State of Florida. I am familiar with, and according the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS RILE U00000494549 NAME ARNOLD, CYNTHIA 04/20/06-80050-006 150.00 STREET ADDRESS 2005 SAMONTEE ROAD CITY-ST-ZIP JACKSONVILLE, FL 32211 TALE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP 733) F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

e exemptions contained in Chapter 119, Florida Statutes, I further certify that the informal signature shall have the same legal effect as if made under oath; that I am an officer or direct required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block