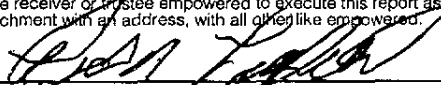


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000053869		
1. Entity Name SILVER LINING OF SARASOTA, INC.		
Principal Place of Business 3550 BRANCH CREEK DR SARASOTA, FL 34235	Mailing Address 3550 BRANCH CREEK DR SARASOTA, FL 34235	
DO NOT WRITE IN THIS SPACE		
 04262004 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-1104837		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
LITTLEFIELD, RICHARD A 3550 BRANCH CREEK DR SARASOTA, FL 34235		DO NOT WRITE IN THIS SPACE
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	DO NOT WRITE IN THIS SPACE
NAME	LITTLEFIELD, RICHARD A	
STREET ADDRESS	3550 BRANCH CREEK DR	
CITY - ST - ZIP	SARASOTA, FL 34235	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
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CITY - ST - ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
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CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		4-30-04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>