## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Aug 22, 2005 08:00 AM Secretary of State DOCUMENT # P01000066424 1. Entity Name SILK CELEBRITIES, INC. Principal Place of Business Mailing Address 10 SOUTH PALM AVENUE 10 SOUTH PALM AVENUE SARASOTA, FL 34236 SARASOTA, FL 34236 No Cha-P 06292005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1123473 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KANTOR, PAMELA DO NOT WRITE 10 SOUTH PALM AVENUE SARASOTA, FL 34236 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 10 OFFICERS AND DIRECTORS TITLE NAME KANTOR, PAMELA STREET ADDRESS 10 SOUTH PALM AVENUE CITY-ST-ZIP SARASOTA, FL 34236 TITLE DEVENY, TOULOUSE NAME U00001376324 STREET ADDRESS 10 SOUTH PALM AVENUE £9/22/A5-80004-016 150.00 CITY-ST-ZIP SARASOTA, FL 34236 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE me NAME STREET ADDRESS CITY-ST-ZIP TIME NAME STREET ADDRESS 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)(1), 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 apachment with an address, with all other like empowered.

ED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

6,28-05

Davtime Prone #

FILED