

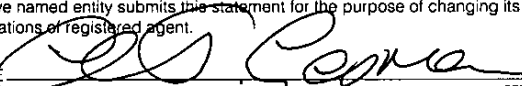
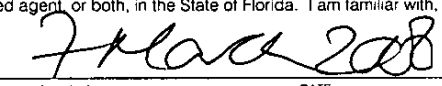


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90056 027 \*\*\*150.00

<b>DOCUMENT # P02000131403</b> 1. Entity Name THE SILK GARDEN OF PALM BEACH GARDENS INC.					
Principal Place of Business PROSPERT CENTER 2442 PGA BLVD PALM BEACH GARDENS, FL 33410			Mailing Address PROSPERT CENTER 2442 PGA BLVD PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business Prosperity Center Suite, Apt. #, etc. 2442 PGA Blvd City & State Palm Beach Gardens, FL Zip 33410 Country US		3. Mailing Address Prosperity Center Suite, Apt. #, etc. 2442 PGA Blvd City & State Palm Beach Gardens, FL Zip 33410 Country US			
4. FEI Number 82-0587316				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  GESMAN, CAROLE J PROSPERTY CENTRE 2442 PGA BLVD PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) Prosperity Center 2442 PGA Blvd City Palm Beach Gardens FL Zip Code 33410		
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:  DATE: 					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME GESMAN, CAROLE J STREET ADDRESS PROSPERTY CENTRE 2442 PGA BLVD CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete		TITLE NAME Prosperity Center, 2442 PGA Blvd STREET ADDRESS Palm Beach Gardens, FL 33410 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 