## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2006 08:00 AM Secretary of State

DOCUMENT # P03000042946  1. Entity Name JOHNNY SILK ENTERPRISES, INC.					, cos com y	
Principal Place 4314 HARBO LUTZ, FL 33	OR WATCH LANE	Mailing Address 4314 HARBOR WATCH LANE LUTZ, FL 33558		t affiliation	II TRKET 11117 SEIN SEIN BENN BENN AUNSE WESE	EKK AKAKE AKKEAR A KER
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				04072006 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For 20-0752560 Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required		
DIFANTE, 4314 HAR LUTZ, FL	DOMENIC BOR WATCH LANE	DO NOT WRITE IN THIS SPACE				
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, groat or printed name of registered agent and the if applicable.  (NOTE Registered Agent agreement required when refinatory)  DATE						
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  2. Election Campaign Financing Trust Fund Contribution.				00 May Be ed to Fees		
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI PSTD DIFANTE, DOMENIC 4314 HARBOR WATCH LANE LUTZ, FL 33558	RECTORS			U00000512252 04/29/06-80082-02	21 150.00
TITLE NAME STREET ADDRESS CITY - ST - 21P					NOT WRITE	
TITLE HAME STREET ADDRESS CSTY-ST-ZIP				IN .	THIS SPACE	
TITLE NAME SIREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this Ming does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information inclicated 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 thrustee 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: Ome Prove Pro						