

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90001 021 ***150.00

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|--|---|---|---|
| DOCUMENT # P03000080551 1. Entity Name SILVER SPRING SUPPLEMENTS, INC. | |  | |
| Principal Place of Business ONE N CLEMATIS ST STE 400 W PALM BEACH, FL 33401 | | Mailing Address ONE N CLEMATIS ST STE 400 W PALM BEACH, FL 33401 | |
| 2. Principal Place of Business 5500 N. Village Blvd. Suite, Apt. #, etc. Su. 202 | | 3. Mailing Address 5500 N. Village Blvd. Suite, Apt. #, etc. Su. 202 | |
| City & State West Palm Beach FL Zip 33407 | | City & State West Palm Beach FL Zip 33407 | |
| Country Palm Beach | | Country Palm Beach | |
| 4. FEI Number 20-0152428 | | 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 ANGELL CORPORATE SERVICES, INC. ONE N CLEMATIS ST STE 400 W PALM BEACH, FL 33401 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CRAVEN, ROBERT U 137 CRUISER RD N N PALM BEACH, FL 33410 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 persons empowered. | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |

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06252004 Chg-P CR2E034 (10/03)