


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90048 041 ***150.00

DOCUMENT # P03000092549	
1. Entity Name THE SILVER REALTY TEAM, INC.	

Principal Place of Business 3435 WOOLBRIGHT RD BOYNTON BEACH, FL 33436 US	Mailing Address 3435 WOOLBRIGHT RD BOYNTON BEACH, FL 33436 US
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2. Principal Place of Business - No P.O. Box # 2500 Quantum Lakes Dr Suite, Apt. #, etc. Ste 203	3. Mailing Address 2500 Quantum Lakes Dr Suite, Apt. #, etc. Ste 203
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City & State Boynton Beach FL	City & State Boynton Beach FL
Zip 33426	Country USA
Zip 33426	Country USA

8. Name and Address of Current Registered Agent PAXMAN, JOHN T ESQ. 1601 FORUM PL., SUITE 801 W. PALM BCH, FL 33401	
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02252007 Chg-P CR2E034 (12/06)

4. FEI Number 20-0181663	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SILVER, IRIS 6327 BLUE BAY CIR. LAKE WORTH, FL 33467 <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
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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: *Irish Silver President* 2-27-07 5619665754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #