2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE: X

SIGNATURE AND TYPED OR PRINT

Jan 10, 2005 08:00 AM DOCUMENT # P03000117406 Secretary of State 1. Entity Name SILCRAFT, INC. Principal Place of Business Mailing Address 244 W ORLANDO ST 244 W ORLANDO ST ORLANDO, FL 32804 US ORLANDO, FL 32804 01032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 43-2036271 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROWN, TIMOTHY DO NOT WRITE 244 W ORLANDO ST ORLANDO, FL 32804 IN THIS SPACE 5. 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PSTD TITLE BROWN, TIMOTHY PSTD NAME 1/0/2000177112 STREET ADDRESS 244 W. ORLANDO ST. 01/11/05-80023-025 150.00 CITY-ST-ZIP ORLANDO, FL 32804 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 like empowered.

Dale

Daytime Phone #

O NAME OF SIGNING OFFICER OR DIRECTOR

FILED