## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2005 08:00 AM Secretary of State

|   |                                      |                            |                     | _                       |                   | agratary                         | of State                  |
|---|--------------------------------------|----------------------------|---------------------|-------------------------|-------------------|----------------------------------|---------------------------|
| DOCUMENT # P03000134476  1. Entity Name SILVER BUTTE, INC.  |                                      |                            | -Secretary of State |                         |                   |                                  |                           |
| Principal Plac  | e of Business M                      | lailing Address            |                     | i i                     |                   |                                  |                           |
| 757 S.E. 17   |                                      | 757 S.E. 17 STREET<br>#151 |                     |                         |                   |                                  |                           |
| #151<br>Fort Laude  |                                      | FORT LAUDERDALE, FL 33316  | 3                   | L - WMI - MW II         |                   |                                  |                           |
| -   |                                      |                            | <u></u>             |                         |                   |                                  |                           |
| -   |                                      | ~ -                        | 01052005            | No Chg-P                | CR2E034 (10/0     | 03)                              |                           |
| DO NOT WRITE IN THIS SPA  |                                      |                            | CE                  | 4. FEI Numb             |                   |                                  | Applied For               |
|   |                                      |                            |                     | 20-037                  |                   | \$8.75                           | Not Applicable Additional |
|   |                                      |                            |                     | 5. Certificate          | of Status Desired | Fee Req                          |                           |
|   | 6. Name and Address of Current Regis | itered Agent               |                     |                         |                   |                                  |                           |
| HESS, GEORGE F 11<br>STE 1000 333 N NEW RIVER DR E<br>FT LAUDERDALE, FL 33301   |                                      |                            |                     | DO                      | <b>NOT W</b>      | RITE                             |                           |
|   |                                      |                            | 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) DATE   |                                      |                            |                     |                         |                   |                                  |                           |
| FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.   |                                      |                            |                     | 00 May Be<br>ed to Fees |                   |                                  |                           |
| 10.   | OFFICERS AND DIREC                   | TORS                       |                     |                         |                   |                                  |                           |
| TITLE<br>NAME   | DVPS<br>JONES, RON                   |                            |                     |                         | 185060            | 10299455                         |                           |
| STREET ADDRESS  | 1301 RIVER REACH DR APT 305          |                            |                     |                         | 04/11/05          | 10298455<br>1-80070 <b>-</b> 003 | 3 150.00                  |
| CITY-ST-ZIP   | FT LAUDERDALE, FL 33305              |                            |                     |                         | _                 |                                  |                           |
| TITLE   | DST<br>JONES, MARCIA                 | •                          |                     |                         |                   |                                  |                           |
| NAME<br>STREET ADDRESS  | 1301 RIVER REACH DR APT 305          |                            | l                   |                         |                   |                                  |                           |
| CITY-ST; ZIP  | FT LAUDERDALE, FL 33305              |                            |                     |                         |                   |                                  |                           |
| TITLE   |                                      |                            |                     |                         |                   |                                  | i                         |
| name<br>Street address  |                                      |                            | ľ                   |                         |                   | ·                                |                           |
| CITY-ST-ZIP   |                                      |                            |                     | DO                      | NOT W             | RITE                             |                           |
| TITLE   |                                      |                            | 1                   | IN '                    | THIS SF           | PACE                             |                           |
| name<br>Street address  |                                      |                            |                     |                         |                   | ,,,,,,                           |                           |
| CITY-ST-ZIP   |                                      |                            |                     |                         |                   |                                  | ,                         |
| TITLE   |                                      |                            | 1                   |                         |                   |                                  |                           |
| NAME  |                                      |                            |                     |                         |                   |                                  |                           |
| STREET ADDRESS<br>CITY-ST-ZIP   |                                      |                            |                     |                         |                   |                                  |                           |
| TITLE   |                                      |                            | 1                   |                         |                   |                                  |                           |
| 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 supplymental upon 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 of 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 another like empowered.

SIGNATURE:

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