2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000006968 FILED 1. Entity Name TRI SILVER, INC. Jul 10, 2008 08:00 AM **Secretary of State** Mailing Address Principal Place of Business **500 CROOKED OAK COURT 500 CROOKED OAK COURT** LONGWOOD, FL 32779 LONGWOOD, FL 32779 07082008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 20-0586438 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent KEMPER, HUNTER C DO NOT WRITE 500 CROOKED OAK COURT LONGWOOD, FL 32779 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be 07/10/08-80009-008 550.00 Trust Fund Contribution. Due by September 12, 2008 OFFICERS AND DIRECTORS 10. D KEMPER, HUNTER A NAME STREET ADDRESS 500 CROOKED OAK COURT LONGWOOD, FL 32779 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP 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