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R04000040223  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 19 AM 11:11

### 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000040223</b>			
1. Entity Name <b>SILVER PLATTER ENTREES INC.</b>			
Principal Place of Business <b>1932 SE ERWIN ROAD PORT SAINT LUCIE, FL 34952</b>		Mailing Address <b>1932 SE ERWIN ROAD PORT SAINT LUCIE, FL 34952</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent <b>RAYNOLDS, JAYNE E 1932 SE ERWIN RD PORT SAINT LUCIE, FL 34952</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
9. 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 _____ DATE _____ <small>Signature typed or printed name of registered agent and his or her address (if not E Registered Agent's signature required when completed)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P RAYNOLDS, JAYNE E 1932 SE ERWIN RD PORT SAINT LUCIE, FL 34952	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V RAYNOLDS, FOLKER 1932 SE ERWIN RD PORT SAINT LUCIE, FL 34952	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <i>Jayne Reynolds</i>		Date _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

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4. FEI Number **20-0857160** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required