

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90279 023 \*\*\*150.00

66024319



<b>DOCUMENT # P04000111621</b> 1. Entity Name <b>SILVERWING ENTERPRISES INC.</b>					
Principal Place of Business <b>3390 TIMUCUA CIRCLE ORLANDO, FL 32837</b>			Mailing Address <b>3390 TIMUCUA CIRCLE ORLANDO, FL 32837</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
4. FEI Number <b>20-1868717</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS RD. #221E PALM BEACH GARDENS, FL 33410</b>			Name <b>RICHARD PARKINSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>3390 TIMUCUA CIRCLE</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32837</b>		
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: <u><i>Richard Parkinson</i></u> <b>RICHARD PARKINSON (PRESIDENT)</b> <b>7/1/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PARKINSON, RICHARD	NAME			
STREET ADDRESS	3390 TIMUCUA CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32837	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PARKINSON, JANET	NAME			
STREET ADDRESS	3390 TIMUCUA CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32837	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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)(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.					
SIGNATURE: <u><i>Richard Parkinson</i></u> <b>RICHARD PARKINSON</b> <b>7/1/05</b> <b>407 816 2106</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT # 704000111621  
Silverwing Enterprises Inc  
3390 Timucua Circle  
Orlando FL 32837  
Tel 407 816 2106  
Cell 321 947 8450  
66624319

Division of Corporations  
PO Box 1500  
Tallahassee  
FL 32302-1500

07/01/2005

Dear Sir/Madam

**Re: NOTICE OF INTENT TO DISSOLVE**

I recently received a notice of intent to dissolve my corporation and immediately telephoned your head office at Tallahassee to find out the reason for the letter. I was informed that on the 2004 Annual report I omitted to include the FEI number.

I explained to the gentleman on the phone that this was the first notice I had received relating to this issue. He then instructed me to send in a completed form with the FEI number included and request that the late payment fee be waived.

My original paperwork was sent on 04/27/2005 and I confirmed with my bank that the check for the annual filling cleared on 05/12/2005. I have enclosed a copy of the notice from the department of the treasury showing the FEI number.

I hope this will clear up the matter but if you have any further questions, please do not hesitate to contact me.

Yours faithfully



Richard Parkinson  
President  
Silverwing Enterprises.



ATTACHMENT  
# P0400011162

~~Form: SS-4~~

For assistance you may call us at:  
1-800-829-4933

**I..ll...d.....l..ll....ll...ll...ll...ll...ll...ll...ll...ll...ll...ll**



We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or the superceding revenue procedure for the year at issue).