


## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P05000000015</b> 1. Entity Name STERLING SILVER SCAPE, INC.	
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FILED  
07 MAY 21 PM 3: 58  
STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2201 PARTIN SETTLEMENT ROAD KISSIMMEE, FL 34744	Mailing Address 2201 PARTIN SETTLEMENT ROAD KISSIMMEE, FL 34744
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05162007 Chg-P CR2E034 (12/06)

City & State	City & State	4. FEI Number <b>52-2447701</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

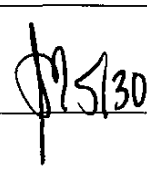
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BLAKE, STERLING 2201 PARTIN SETTLEMENT ROAD KISSIMMEE, FL 34744	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete D BLAKE, STERLING 2201 PARTIN SETTLEMENT ROAD KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete 
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Add <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition M V T Cahlia H. Blake 2201 Partin Settlement Rd. Kissimmee, FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Addition 400103921124 06/05/07--01051--006 **70.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment, with all other like empowered.

SIGNATURE: 	Date <b>5-17-2007</b> Daytime Phone #
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