## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

#### May 25, 2006 8:00 am Secretary of State **DOCUMENT # P05000037654** 04-27-2006 90170 005 \*\*\*150.00 SILVER XCESS CORPORATION Principal Place of Business Malfing Address 66017450 726 CANOPY OAKS CT. 726 CANOPY OAKS CT. WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01222006 Chg-P City & State City & State 4. FEI Number Applied For 06-Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SILVER, ARLENE R. Street Address (P.O. Box Number is Not Acceptable) 726 CANOPY OAKS CT. WINTER GARDEN, FL 34787 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remetating) DATE **Election Campaign Financing** \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TILE Change ☐ Addition SILVER, ARLENE R. NAME NUE 726 CANOPY OAKS CT. STREET ADDRESS CTREET ADDRESS WINTER GARDEN, FL 34787 CITY-ST-ZP CITY-ST-ZIP ☐ Chance 17 Addition TITLE ☐ Delete TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE C Delete TITLE ☐ Change ☐ Addition NAME MALAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition MLE ☐ Delete TIDE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TILE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition MLE ☐ Delete MLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 an address, with all other like empowered.

905-0008

ATTACHMENT # POS 500037654

# **Annual Disclosure Statement**

# ANNUAL MINUTES SHAREHOLDERS AND DIRECTORS

(Domestic Stock Corporation Only)

This Space is for Office Use Only

### \*\*ANNUAL FEE: \$150.00\*\*

DISCLOSURE INFORMATION MUST BE LEGIBLE AND WRITTEN OR TYPED IN BLUE OR BLACK INK ONLY

**CORPORATE BUSINESS NUMBER: P05000037654** 

1/18/2006

FDF-20D (REV 1/2004)

**REPLY BY: 2/15/2006** 

SILVER XCESS CORPORATION 726 CANOPY OAKS CT. WINTER GARDEN, FL. 34787

FLORIDA CORPORATION BUSINESS AND RECORDS CODE 607.1601 (1) Each corporation shall keep as permanent records minutes of all meetings of its shareholders and board of directors, a record of all actions taken by the shareholders or board of directors without a meeting, and a record of all actions taken by a committee of the board of directors in place of the board of directors on behalf of the corporation (2). A corporation shall maintain its records in written form or in another form capable of conversion into written form within a reasonable time. (3) Its bylaws or restated bylaws and all amendments to them currently in effect; (4) The minutes of all shareholders' meetings and records of all action taken by shareholders without a meeting for the past 3 years; (5) A list of the names and business street addresses of its current directors and officers; COMPLETE THE ADDRESS FOR THE FOLLOWING (Do not abbreviate the name of the City.) 1. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE CITY AND STATE ZIP CODE 2. MAILING ADDRESS IF DIFFERENT FROM ABOVE CITY AND STATE ZIP CODE Failure to complete the form and submit with the proper fee by the above reply date may cause delay of processing and mailing back of the annual minutes of your corporation. All information must be legible for proper processing. 3. NAMES, ADDRESS AND TITLES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The Corporation must have at least one director. Attach additional pages, if necessary.) NAME **ADDRESS** TITLE 226 CADOP NAME **ADDRESS** TITLE NAMES OF ALL SHAREHOLDERS (IF APPLICABLE), INCLUDING DIRECTORS WHO ARE ALSO SHAREHOLDERS. ALL INFORMATION MUST BE LEGIBLE AND ACCURATE FOR PROPER BOARD PROCESSING. NAME ADDRESS NAME **ADDRESS** ZIP NAME **ADDRESS** ZIP BY SUBMITTING THIS DISCLOSURE STATEMENT OF INFORMATION AND FOR THE PROCESSING OF ANNUAL MINUTES TO CORPORATE MINUTE SERVICES, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE Requirement Code (604.1601) This product or service has not been approved or endorsed by any government agency, and this offer is not being made by an agency of the government. Though the state says each corporation shall comply with section. (Sec.3001)(d) You are under no obligation to make any payments on account of this offer unless you accept this offer. This is a service for the order of goods or services, and not a bill, invoice or statement of account PRINT NAME OF OFFICER OR AGENT PHONE &