

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000087908

Entity Name: THE SILK DOCTOR INC.

FILED
Feb 29, 2008
Secretary of State

Current Principal Place of Business:

2036 ALTA MEADOWS LN
#1403
DELRAY BEACH, FL 33444

Current Mailing Address:

2036 ALTA MEADOWS LN
#1403
DELRAY BEACH, FL 33444

New Principal Place of Business:

2036 ALTA MEADOWS LN
1403
DELRAY BEACH, FL 33483

New Mailing Address:

1725 S. FEDERAL HWY
PO BOX 832057
DELRAY BEACH, FL 33483 US

FEI Number: 26-0658462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, KIRBY W
2036 ALTA MEADOWS LN
#1403
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

SILVA, DOMINIC G
2036 ALTA MEADOWS LN
#1403
DELRAY BEACH, FL 33444 US

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.

SIGNATURE: DOMINIC G. SILVA

02/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, KIRBY W
Address: 2036 ALTA MEADOWS LN #1403
City-St-Zip: DELRAY BEACH, FL 33444

Title: VP (X) Delete
Name: SILVA, DOMINIC G
Address: 2036 ALTA MEADOWS LN #1403
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SILVA, DOMINIC G
Address: 2036 ALTA MEADOWS LN #1403
City-St-Zip: DELRAY BEACH, FL 33444

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOMINIC G. SILVA

P

02/29/2008

Electronic Signature of Signing Officer or Director

Date