

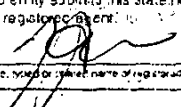
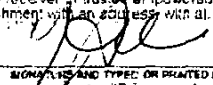
Mar 20 08 12:44p

MARY WILDER

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90031 007 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P07000100352																			
1. Entity Name SILVER MOTORS, INC.																			
Principal Place of Business 1974 MONTFORT LANE DELTONA, FL 32738		Mailing Address 1974 MONTFORT LANE DELTONA, FL 32738																	
2. Principal Place of Business - No P.O. Box 1974 Montfort Lane State, Apt., etc.		3. Mailing Address PO Box 4252 Enterprise FL City & State FL City & State FL																	
City & State Deltona FL Zip 32725		Country USA Zip 32725																	
4. FEI Number 75-3254114		Applied For ☐ Not Applicable																	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent ALLEGRO, LAWRENCE 1974 MONTFORT LANE DELTONA, FL 32738		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 		DATE 3-18-08																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																	
<table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-STATE-ZIP</td> </tr> <tr> <td></td> <td>ALLEGRO, LAWRENCE</td> <td>1974 MONTFORT LANE</td> <td>DELTONA, FL 32738</td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP		ALLEGRO, LAWRENCE	1974 MONTFORT LANE	DELTONA, FL 32738	<table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-STATE-ZIP</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP				
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP																
	ALLEGRO, LAWRENCE	1974 MONTFORT LANE	DELTONA, FL 32738																
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP																
<table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-STATE-ZIP</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP					<table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-STATE-ZIP</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP				
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP																
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP																
<table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-STATE-ZIP</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP					<table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-STATE-ZIP</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP				
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP																
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP																
<table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-STATE-ZIP</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP					<table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-STATE-ZIP</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP				
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP																
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP																
<table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-STATE-ZIP</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP					<table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-STATE-ZIP</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP				
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP																
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP																
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 an address with all other like empowered.																			
SIGNATURE: 		DATE 3-18-08 386-574-4110																	