2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16930

RONKONKOMA, NY 11779

City-St-Zip:

FILED Aug 14, 2008 Secretary of State

Entity Name: SCALAMANDRE SILKS, INC. **Current Principal Place of Business: New Principal Place of Business:** 300 TRADE ZONE DR. RONKONKOMA, NY 11779 **Current Mailing Address: New Mailing Address:** 300 TRADE ZONE DR. RONKONKOMA, NY 11779 FEI Number: 11-1731835 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JORDAN, TRESSIE BITTER, ADRIANA 1855 GRIFFIN RD. 5827 MÁGNOLIA LANE STE. #A150 VERO BEACH, FL 32967 US DANIA BEACH, FL 33004 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: ADRIANA BITTER 08/14/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BITTER, MARK Name: Name: 300 TRADE ZONE DR. Address: Address: City-St-Zip: RONKONKOMA, NY 11779 City-St-Zip: () Delete Title: CP Title: () Change () Addition Name: BITTER, ROBERT Name: 300 TRADE ZONE DR. Address: 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: MARK BITTER CP 08/14/2008