2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P18372

1. Entity Name
SSIL, INC.

Principal Place of Business	Mailing Address
ROYAL POINCIANA PLAZA	ROYAL POINCIANA PLAZA
POST OFFICE BOX 11	POST OFFICE BOX 11
PALM BEACH, FL 33480	PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

06142006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
98-0051497	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL, ROBERT
50 COCOANUT ROW STE 212
PALM BEACH, FL 33480

DO NOT WRITE
IN THIS SPACE

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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **Due by September 6, 2006**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS

TITLE	PD
NAME	SPIEGEL, SIDNEY
STREET ADDRESS	132 SHEPPARD AVE W STE 200
CITY-ST-ZIP	NORTH YORK, ON M2N1M

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000568721
07/10/06-80004-019 150.00

DO NOT WRITE
IN THIS SPACE

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: _Per: /llll/_____ SSIL, INC.   June 14/06   416 222-5355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #