


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90125 043 \*\*\*150.00

<b>DOCUMENT # P29205</b> 1. Entity Name <b>SILVER SPRING MANOR, INC.</b>					
Principal Place of Business <b>2100 N. ATLANTIC AVENUE SUITE 608 COCOA BEACH, FL 32931</b>			Mailing Address <b>2100 N. ATLANTIC AVENUE SUITE 608 COCOA BEACH, FL 32931</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>22-1968915</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BAUM, SEYMOUR 2100 N ATLANTIC AVE SUITE 608 COCOA BEACH, FL 32931</b>			7. Name and Address of New Registered Agent  <b>MATTHEW T. BURKE CPA 503 N. Orlando Avenue, Suite 106 Cocoa Beach, FL 32931-5171</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent in accordance with the provisions of Chapter 607, Florida Statutes, and accept the obligations of registered agent.  SIGNATURE: <u>Matthew T. Burke</u> DATE: <u>7/10/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BAUM, SEYMOUR 2100 N. ATLANTIC AVENUE #608 COCOA BEACH, FL 32931		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u>			Date: <u>7/10/07</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

ATTACHMENT  
40125208  
FFP29205

July 10, 2007

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To whom it may concern,

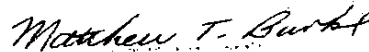
This is the only notice I have received regarding the Annual Reports for 2007. I have enclosed the signed Annual Reports and checks for \$150.00 each. I wish to change Matthew T. Burke, CPA to the registered agent for Silver Spring Manor, Inc.

Sincerely,

Seymour Baum



Matthew T. Burke, CPA



cc: Matthew T. Burke, CPA  
503 N. Orlando Avenue  
Suite #106  
Cocoa Beach, FL 32931-3171