

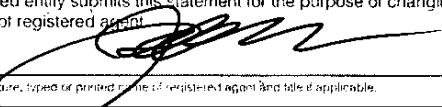
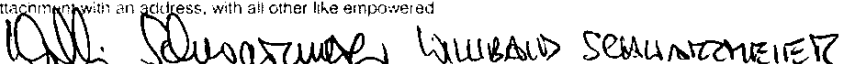


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90142 008 ***150.00

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|---|---|--|---|--|--|
| DOCUMENT # P94000005298 | | | |  | |
| 1. Entity Name SILVI, INC. | | | | | |
| Principal Place of Business 237 JOEL BLVD. LEHIGH ACRES, FL 33972 US | | | Mailing Address 12670 NEW BRITTANY BLVD. SUITE 101 FT. MYERS, FL 33907 US | | |
| 2. Principal Place of Business - No P.O. Box # 237 JOEL BLVD. | | 3. Mailing Address c/o JOHN M. WICKER, P.A. P.O. DRAWER 60205 FORT MYERS, FL 33906 | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01152008 Chg-P CR2E034 (12/06) | |
| City & State LEHIGH ACRES, FL | | City & State | | 4. FEI Number 65-0482446 | |
| Zip Country 33936 LEE | | Zip Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROYSTON, ROBERT D JR. COSTELLO, SIMS & ROYSTON 12670 NEW BRITTANY BLVD., SUITE 101 FT. MYERS, FL 33907 | | | 7. Name and Address of New Registered Agent Name: JOHN M. WICKER, P.A. Street: 12670 NEW BRITTANY BLVD., STE 101 FORT MYERS, FL 33907 City: 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: | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SCHWARZMEIER, WILLIBALD 237 JOEL BLVD LEHIGH ACRES, FL 33972 33936 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P AMBS, KLAUS 237 JOEL BLVD LEHIGH ACRES, FL 33972 33936 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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:  4-28-08 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |