

2007 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000064254 1. Entity Name SIL-O-ETTE INTERNATIONAL, INC.					
Principal Place of Business 10855 US HWY 19, #A CLEARWATER, FL 33764 US			Mailing Address 10855 US HWY 19, #A CLEARWATER, FL 33764 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-3264232			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MONE, ANTHONY PRESIDE 10855 US HWY 19, #A CLEARWATER, FL 33764			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 _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	S MAIELLO, MICHAEL 10855 US HWY 19, #A CLEARWATER, FL 33764	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONE, ANTHONY 10855 US HWY 19, #A CLEARWATER, FL 33764	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONE, JOHN J 10855 US HWY 19, #A CLEARWATER, FL 33764	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, JUDITH K 10855 US HWY 19, #A CLEARWATER, FL 33764	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLORES, HERBERT 10855 US HWY 19 A CLEARWATER, FL 33764	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP LEMASTER, CAROLYN 10855 US HWY 11 A CLEARWATER, FL 33764	<input type="checkbox"/> Delete			
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>Anthony Mone</u> <u>Anthony Mone</u> <u>04/25/07</u> <u>222-591-3338</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



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