

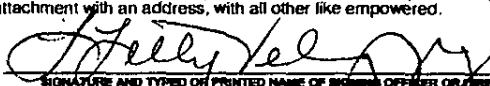


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

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| <b>DOCUMENT # P95000079833</b><br>1. Entity Name<br>SILVER RIVER MARKETING, INC.   |  |   |  |
| Principal Place of Business<br>237 MONT BLANC CT., #105<br>CASSELBERRY, FL   |  | Mailing Address<br>237 MONT BLANC CT., #105<br>CASSELBERRY, FL   |  |
| <b>DO NOT WRITE IN THIS SPACE</b>  |  |  |  |
|  |  | <br>04042008 No Chg-P CR2E034 (11/05)    |  |
|  |  | 4. FEI Number<br>59-3339053  |  |
|  |  | Applied For<br>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<br><br>ENGLEHARDT, JOHN C<br>1524 E. LIVINGSTON ST.<br>ORLANDO, FL 32803   |  | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |  |
| 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 reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PS<br>RODRIGUEZ, JACK<br>237 MONT BLANC CT 105<br>CASSELBERRY, FL 32707  | <b>DO NOT WRITE<br/>IN THIS SPACE</b><br><br>U00000892212<br>04/23/08-80056-021 150.00                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VT<br>VELAZQUEZ, L. LETTY<br>237 MONT BLANC CT., #105<br>CASSELBERRY, FL |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |  |
| 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:    |  | Date: 4/10/08 Daytime Phone #: 407-834-0816  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SHOWN OFFICER OR DIRECTOR</small>  |  |  |  |