## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

| Apr 26, 2005 08:00 AM Secretary of State  Apr 26, 2005 08:00 AM Secretar  | ANNUAL REPORT (AR)                     |                                       |                                 |                | FILED   |  |
|---|--|---------------------------------------|---------------------------------|----------------|---|--|
| Fincipal Place of Business   Mailing Address   Suite Apt 1, etc.   Suite Apt 2, etc.   Suite Apt 1, etc.   Suite Apt 2, etc.   Suite Apt 1, etc.   Suite Apt 2, etc.   Suite Apt 3, etc.   Suite Apt 2, etc.    |  |                                       |                                 |                | Apr 26, 2005 08:00 AM   |  |
| AVO FL 2008  AVO FL 2008  AVO FL 2008  AVO FL 2008  Suffs, Apr. 4, etc.  Suffs, Apr. 4, etc.  Suffs, Apr. 4, etc.  Suffs, Apr. 4, etc.  Chy & State   | SILVERQ                                | UEST, INC.                            |                                 |                | Secretary of State  |  |
| MAYO FL 32066  MAYO FL 32066  Suite, Apt #, etc.  Suite, Apt #, etc.  Suite, Apt #, etc.  City & State  Applied For  Name and Address of New Registered Agent  Nime  MUTCH, SAMUEL A  2114 NW 40111 TER, STE A-1  GAINESVILLE FL 32605  City FL j Zip Code  8. The above named early submits this castement for the purpose of changing its registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent.  SIGNATURE:  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Floridal perpartment of State  OFFICERS AND DESCROAS  OFFICERS AND DESCROAS IN 11  MAKE  OFFICERS AND DESCROAS  OFFICERS AND DESCROAS IN 11  ORIGINAL AND DESCROAS IN 11 | Principal Plac                         | e of Business                         | Mailing Address                 |                | · ·   |  |
| Suite, Apt. it. etc.  Suite, Apt. it. etc.  City & State  City & State  City & State  Country  City & State  Country  S. Certificate of Status Desired   September   September  | MAYO FL 3                              | 2066                                  | MAYO FL 32066                   | . –            | i Makhada ara bana bank bahki bakki bakki bakki bakki birak kabak bakki bakki bakki bakki kabak ki sabe |  |
| City & State  Ci  | 2. Principal Place of Business         |                                       | 3. Mailing Address              |                |   |  |
| Second     | Suite, Apt. #, etc.                    |                                       | Suite, Apt. #, etc.             |                | 1st MOORE CR2E034 (10/04)   |  |
| Country   Country   Zip   Country   S. Cartificate of Status Desired   S8.75 Additional Personal Per    | City & State                           |                                       | City & State                    |                | FO 2202022  |  |
| Name and Address of Current Registered Agent   Name   Name  | Zip                                    | Country                               | Zip                             | Country        | 5 Certificate of Status Desired \$8.75 Additional   |  |
| ### Address (P. O. Box Number is Not Acceptable)    Street Address (P. O. Box Number is Not Acceptable)   |  | 6. Name and Address of Curre          | nt Registered Agent             |                | <u></u>   |  |
| 2114 NW 40TH TER, STE A-1 GAINESVILLE FL 32605    City   FL   Zip Code  | MUTCH SAMUELA                          |                                       |                                 | Name           |   |  |
| E. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent.  SIGNATURE    Septime   Special protect remain all galleted agent are also a sept-able.   (NOTE Registered Agent sposture required know reneating)  | 2114 NW 40TH TER., STE A-1             |                                       |                                 | Street Address | s (P.O. Box Number is Not Acceptable)   |  |
| B. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.    Common temperature   Common temperatur  | GAI                                    | NESVILLE FL 32003                     |                                 |                |   |  |
| SIGNATURE     STEEL NOW!!!   FEE IS \$160.00  |  |                                       |                                 | City           | FL Zip Code   |  |
| FILE NOW!!   FEE Is \$150.00   After May 1, 2005 Fee Will Be \$550.00   Make Check Payable to Florida Department of State   11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11.   ADDITIONS/CHANGES   |  |                                       |                                 |                |   |  |
| FILE NOW!! FEE IS \$150.00   After May 1, 2005 Fee Will Be \$550.00   Make Check Payable to Florida Department of State   |  |                                       |                                 |                |   |  |
| ### After May 1, 2005 Fee Will Be \$550.00     Make Check Payable to Florida Department of State  |  |                                       |                                 |                |   |  |
| TITLE   | After May 1, 2005 Fee Will Be \$550.00 |                                       |                                 |                |   |  |
| NAME SIRET ADDRESS OTY-ST-2P  NAME STREET ADDRESS OTY-ST-2P  TILE STREET ADDRESS OTY-ST-2P  | 10.                                    | · · · · · · · · · · · · · · · · · · · | ID DIRECTORS                    | 11.            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
| TITLE NAME STREET ADDRESS CITY-ST-2P  |  |                                       | ☐ Delete                        |                |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-2P  |  |                                       | 124                             |                | 04/26/05-800S6-022 150.00   |  |
| STREET ADDRESS   CITY-ST-ZIP    | TITLE                                  |                                       | ☐ Delete                        | HILE           |   |  |
| CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP   |  |                                       |                                 |                |   |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |                                       |                                 |                |   |  |
| STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |                                       | ☐ Delete                        |                | ☐ Change ☐ Addition   |  |
| TITLE NAME STREET ADDRESS CITY- ST-ZIP  TITLE NAME SIRECT ADDRESS CITY- ST-ZIP  | STREET ADDRESS                         |                                       |                                 | STREET ADORESS |   |  |
| NAME STREET ADDRESS CHY-ST-ZIP  TITLE NAME STREET ADDRESS CHY-ST-ZIP  |  |                                       |                                 |                | ☐ Change ☐ Addition   |  |
| CHY-ST-ZIP  TITLE NAME SIRECT ADDRESS CHY-ST-ZIP  TITLE NAME SIRECT ADDRESS CHY-ST-ZIP  TITLE NAME SIRECT ADDRESS CHY-ST-ZIP CHY-ST-ZIP  TITLE NAME SIRECT ADDRESS CHY-ST-ZIP   |  |                                       |                                 | 1              |   |  |
| NAME         SIRECT ADDRESS           CITY-ST-7IP         CITY-ST-7IP           TITLE         Delete         TITLE           NAME         NAME           SIRECT ADDRESS         SIRECT ADDRESS           CITY-ST-7IP         CITY-ST-7IP  |  |                                       |                                 | 1              |   |  |
| SIRECT ADDRESS CITY-ST-ZIP  TITLE NAME SIRECT ADDRESS CITY ST-ZIP  TITLE NAME SIRECT ADDRESS CITY ST-ZIP  CITY ST-ZIP  SIRECT ADDRESS CITY ST-ZIP   |  |                                       | ☐ Delete                        |                | ☐ Change ☐ Addition   |  |
| CITY-SI-ZIP         CITY-SI-ZIP           TITLE         Delete         TITLE         Change Addition Addition NAME           NAME         STREET ADDRESS         STREET ADDRESS           CITY-SI-ZIP         CITY-SI-ZIP         CITY-SI-ZIP   |  |                                       |                                 | •              |   |  |
| NAME STREET ADDRESS CITY ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  |  |                                       |                                 |                |   |  |
| STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP  |  |                                       | ☐ Delete                        |                | ☐ Change ☐ Addition   |  |
|   |  |                                       |                                 |                |   |  |
|   | <u></u>                                | artific that the information and      | Alle the filling decrees 197. A | <u> </u>       | 20 C 440 07/000 Florida 000   |  |

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:

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davime Phone 4