
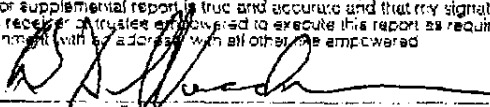


FILED
Feb 24, 2006 08:00
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000009770 1. Entity Name SILVER CROWN ASSOCIATES, INC.		
Principal Place of Business 2760 SE FAIRMONT STREET STUART, FL 34997	Mailing Address 2760 SE FAIRMONT STREET STUART, FL 34997	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent STEADMAN, WILLIAM DAVID 7858 MEADOWLARK LN PORT SAINT LUCIE, FL 34952		DO NOT WRITE IN THIS SPACE
8. The business 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, 2006 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		
OFFICER NAME STREET ADDRESS CITY-ST-ZIP	D STEADMAN, JOYCE E 7858 MEADOWLARK LN PORT SAINT LUCIE, FL 34952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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, trustee or liquidator 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 as empowered.		
SIGNATURE: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



02202006 No Chg-F CH2E034 (1/1/05)

4. FEI Number 65-0725501	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000446869
03/08/06-80027-011 150.00

**DO NOT WRITE
IN THIS SPACE**