2008 FOR PROFIT CORPORATION

Feb 20, 2008 8:00 am **Secretary of State ANNUAL REPORT** 02-20-2008 90009 040 ***150.00 DOCUMENT # P97000105115 1. Entity Name SILVER MOUNTS CORP. 40028731 Principal Place of Business Mailing Address SILVER AT CITYWALK 1245 HOWELL PT 1245 HOWELL PT WINTER PARK, FL 32789 115 WINTER PARK, FL 32789 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 920 Georgia HVR 920 <u>Georaia</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Winter Ninter 59-3493273 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Olanae Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VAN DEN BERG, CAROLINE M Street Address (P.O. Box Number is Not Acceptable) 1245 HOWELL PT WINTER PARK, FL 32789 Zip Code FI 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITI F Change ☐ Addition Caroline vanden berg NAME VAN DEN BERG, CAROLINE M NAME 920 Georgia Ave Winter Park, FI 32789 STREET ADDRESS 1245 HOWELL PT STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filling 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 attachme with an address, with attother like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

VA NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oaytime Phone #

FILED