
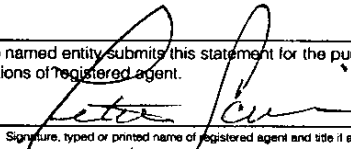
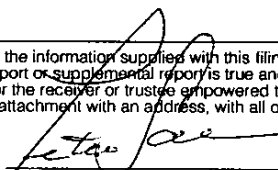


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90082 043 \*\*\*150.00

<b>DOCUMENT # P97000106117</b>					
<b>1. Entity Name</b> TOMBSTONE SILVER WORKS, INC.					
<b>Principal Place of Business</b> 225 CARSWELL AVE HOLLY HILL, FL 32117 US			<b>Mailing Address</b> P.O. BOX 271 DAYTONA BEACH, FL 32115-0271 US		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b> 225 CARSWELL AVE.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b> HOLLY HILL FL		
<b>Zip</b>	<b>Country</b>	<b>Zip</b> 32117	<b>Country</b>	<b>4. FEI Number</b> 59-3514000	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SCIANABLO, THOMAS 166 SOUTH BEACH STREET DAYTONA BEACH, FL 32114				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) 225 CARSWELL AVE. City HOLLY HILL FL Zip Code 32117	
<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.</b>					
<b>SIGNATURE:</b> 		Peter Scianablo		4/27/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEES \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> DP	SCIANABLO, THOMAS <input type="checkbox"/> Delete		<b>TITLE</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> SCIANABLO, THOMAS			<b>NAME</b> _____		
<b>STREET ADDRESS</b> 5 GLEN OAK DRIVE			<b>STREET ADDRESS</b> _____		
<b>CITY-ST-ZIP</b> SOUTH DAYTONA, FL 32119			<b>CITY-ST-ZIP</b> _____		
<b>TITLE</b> DVST	SCIANABLO, PETER <input type="checkbox"/> Delete		<b>TITLE</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> SCIANABLO, PETER			<b>NAME</b> _____		
<b>STREET ADDRESS</b> 3 GLEN OAK DR.			<b>STREET ADDRESS</b> _____		
<b>CITY-ST-ZIP</b> PORT ORANGE, FL 32119			<b>CITY-ST-ZIP</b> _____		
<b>TITLE</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> _____			<b>NAME</b> _____		
<b>STREET ADDRESS</b> _____			<b>STREET ADDRESS</b> _____		
<b>CITY-ST-ZIP</b> _____			<b>CITY-ST-ZIP</b> _____		
<b>TITLE</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> _____			<b>NAME</b> _____		
<b>STREET ADDRESS</b> _____			<b>STREET ADDRESS</b> _____		
<b>CITY-ST-ZIP</b> _____			<b>CITY-ST-ZIP</b> _____		
<b>TITLE</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> _____			<b>NAME</b> _____		
<b>STREET ADDRESS</b> _____			<b>STREET ADDRESS</b> _____		
<b>CITY-ST-ZIP</b> _____			<b>CITY-ST-ZIP</b> _____		
<b>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.</b>					
<b>SIGNATURE:</b> 		Peter Scianablo		4/27/07	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	