


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000077855
 1. Entity Name
 SILVER LINING VENTURES, INC.



Principal Place of Business
 2535 STATE ROAD 16
 ST AUGUSTINE, FL 32092

Mailing Address
 2535 STATE ROAD 16
 ST AUGUSTINE, FL 32092



03302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3537317

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PATEL, AMI R
 2535 STATE ROAD 16
 ST AUGUSTINE, FL 32092

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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: Ami Patel DATE: 4-03-06

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PATEL, RAMU S
STREET ADDRESS	2535 STATE ROAD 16
CITY-ST-ZIP	ST AUGUSTINE, FL 32092
TITLE	VPD
NAME	PATEL, SWATI R
STREET ADDRESS	2535 STATE ROAD 16
CITY-ST-ZIP	ST AUGUSTINE, FL 32092
TITLE	BOD
NAME	PATEL, AMI R
STREET ADDRESS	2535 STATE ROAD 16
CITY-ST-ZIP	ST AUGUSTINE, FL 32092
TITLE	SDT
NAME	PATEL, RAMILA R
STREET ADDRESS	2535 STATE ROAD 16
CITY-ST-ZIP	ST AUGUSTINE, FL 32092
TITLE	VPD
NAME	PATEL, SNEHAL R
STREET ADDRESS	2535 STATE ROAD 16
CITY-ST-ZIP	ST AUGUSTINE, FL 32092
TITLE	BOD
NAME	PATEL, JAY
STREET ADDRESS	2535 STATE ROAD 16
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092

U00000538191
 05/09/06-80047-023 150.00

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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: SNEHAL R. PATEL DATE: 4-03-06 904.825.6745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR