

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000105858

Entity Name: SYLVERAIN US CORP., INC.

FILED  
Apr 30, 2005  
Secretary of State

## Current Principal Place of Business:

933 LEE ROAD #402  
ORLANDO, FL 32810

## New Principal Place of Business:

12397 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32810

## Current Mailing Address:

12397 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32810

## New Mailing Address:

FEI Number: 59-3569543      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

O'FORTUNE, SYLVERMAN  
12397 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SYLVERAIN, O'FORTUNE  
Address: 1148 TIMBERLAND CIRCLE  
City-St-Zip: ORLANDO, FL 32824

Title: V ( ) Delete  
Name: SYLVERAIN, ADRIENNE  
Address: 1148 TIMBERBEND CIRCLE  
City-St-Zip: ORLANDO, FL 32824

Title: S ( ) Delete  
Name: SYLVERIAN MATTHIAS,  
Address: 1148 TIMBERLAND CIRCLE  
City-St-Zip: ORLANDO, FL 32824

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OFORTUNE SYLVERAIN

P

04/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date