## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000053658

Address:

City-St-Zip:

519 FRANKLYN AVENUE

INDIALANTIC, FL 32903

FILED May 03, 2006 Secretary of State

| Entity Na   | me: SILHOU                    | ETTE HAIRLINES, II        | NC.                 |  |              |   |              |  |
|---|-------------------------------|---------------------------|---------------------|--|--------------|---|--------------|--|
| Current Principal Place of Business:              |                               |                           |                     | New Principal Place of Business:             |              |   |              |  |
|   | U GALLIE BLY<br>ARBOR BEAC    | /D.<br>CH, FL 32937       |                     |  |              |   |              |  |
| Current Mailing Address:                          |                               |                           |                     | New Mailing Address:                         |              |   |              |  |
|   | U GALLIE BLY<br>ARBOR BEAC    | /D.<br>CH, FL 32937       |                     |  |              |   |              |  |
| FEI Number: 65-0931584 FEI Number Applied For ( ) |                               |                           | d For ( ) FEI N     | umber Not Appl                               | icable ( )   | Certificate of Status Desired ( )                                   |              |  |
| Name and  | l Address of                  | Current Registered        | Agent:              | Name and Address of New Registered Agent:    |              |   |              |  |
|   | U GALLIE BL\                  | /D.<br>CH, FL 32937 US    | ı                   |  |              |   |              |  |
|   | named entity<br>e of Florida. | submits this stateme      | ent for the purpose | of changing i                                | ts registere | ed office or registered agen  | it, or both, |  |
| SIGNATU   | RE:                           |                           |                     |  |              |   |              |  |
|   | Electro                       | nic Signature of Reg      | jistered Agent      |  |              | Date  |              |  |
|   |                               | 93(2)(b), F.S., the corpo |                     | e the prior notic                            | e.           |   |              |  |
| OFFICERS AND DIRECTORS:                           |                               |                           |                     | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |              |   |              |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:       | TORRES, RIT<br>275 HWY A1A    |                           |                     | Title:<br>Name:<br>Address:<br>City-St-Zip:  |              | (X) Change ( ) Addition<br>RITA<br>/Y A1A #505<br>E BEACH, FL 32937 |              |  |
| Title:<br>Name:                                   | P (<br>REYNOLDS, (            | ) Delete<br>SLORIA        |                     | Title:<br>Name:                              |              | ( ) Change ( ) Addition   |              |  |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: RITA TORRES VΡ 05/03/2006