

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # S92852 1. Entity Name SILVER IMAGE INTERACTIVE, INC.		
Principal Place of Business 573 S DUNCAN AVE CLEARWATER, FL 33756 US	Mailing Address 573 S DUNCAN AVE CLEARWATER, FL 33756 US	



03232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3111049	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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IN THIS SPACE**

6. Name and Address of Current Registered Agent ROSENBLATT, DAVID R. 1332 YULEE DR CLEARWATER, FL 33764

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSENBLATT, DAVID R. 1332 YULEE DR CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, MERRILY 1332 YULEE DR CLEARWATER, FL 33764
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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: Merrily Miller **MERRILY MILLER** 4/02/2007 727 298 0079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #