2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 16, 2008 8:00 am Secretary of State **DOCUMENT # S92852** 04-16-2008 90022 012 ***150 00 1. Entity Name SILVÉR IMAGE INTERACTIVE, INC. Principal Place of Business Mailing Address **573 S DUNCAN AVE 573 S DUNCAN AVE** CLEARWATER, FL 33756 CLEARWATER, FL 33756 US 04082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3111049 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROSENBLATT, DAVID R. DO NOT WRITE 1332 YULEE DR CLEARWATER, FL 33764 IN THIS SPACE 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS 10. TITLE ROSENBLATT, DAVID R. NAME STREET ADDRESS 1332 YULEE DR CITY-ST-ZIP CLEARWATER, FL 33764 TITLE MILLER, MERRILY NAME STREET ADDRESS 1332 YULEE DR CLEARWATER, FL 33764 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 with an actiress, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

10/08

FILED