

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002678

FILED
Mar 28, 2006
Secretary of State

Entity Name: SKYCROSS, INC.

Current Principal Place of Business:

7341 OFFICE PARK PLACE
SUITE 102
VIERA, FL 32940

New Principal Place of Business:

Current Mailing Address:

7341 OFFICE PARK PLACE
SUITE 102
VIERA, FL 32940

New Mailing Address:

FEI Number: 59-3706438 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHEINBLUM, MARK D ESQ.
450 SOUTH ORANGE AVENUE
SUITE 800
ORLANDO, FL 32801 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: DBM () Delete
Name: CUMMINGS, MARK
Address: 348 CAMINO AL LAGO
City-St-Zip: ATHERTON, CA 94027

Title: DBM () Delete
Name: CHAO, SCOTT
Address: 130 ADMIRAL COCHRANE DRIVE, SUITE 102
City-St-Zip: ANNAPOLIS, MD 21401

Title: DPBM () Delete
Name: MORTON, CHRIS
Address: 300A NORTH DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: CD () Delete
Name: SWANSON, LARS
Address: 175 FEDERAL STREET
City-St-Zip: BOSTON, MA 02110

Title: DBM () Delete
Name: MARTIN, DON
Address: 300A NORTH DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: DBM () Delete
Name: PENKACIK, AARON
Address: P.O. BOX 868
City-St-Zip: NASHUA, NH 030610868

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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 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: ANDREW MELLEN

_____ Electronic Signature of Signing Officer or Director

CONT

03/28/2006

_____ Date