
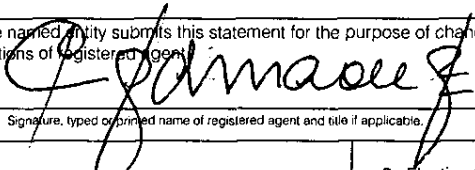
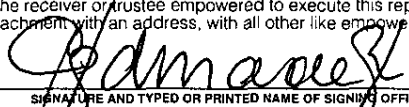


2004 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90396 025 ***150.00

DOCUMENT # P01000037970			
1. Entity Name SKY'S UNLIMITED, INC.			
Principal Place of Business 5340 MAUI LANE ORLANDO, FL 32812		Mailing Address PO BOX 530061 ORLANDO, FL 32853	
2. Principal Place of Business 400 E COLONIAL DR.		3. Mailing Address	
Suite, Apt. #, etc. #1704		Suite, Apt. #, etc.	
City & State ORLANDO FL.		City & State	
Zip 32803	Country USA	Zip	Country
6. Name and Address of Current Registered Agent VANDERMADE, GERARDUS 201 S. ORANGE AVE., STE 910 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Vander made, Gerardus Street Address (P.O. Box Number is Not Acceptable) 400 East Colonial Drive Suite 1704 City Orlando FL Zip Code 32803	
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 		Gerardus Vandermade 4-27-2004 DATE	
FILE NOW!!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERARDUS, VANDERMADE 201 S. ORANGE AVE., STE 910 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D vander made, Gerardus <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400 East Colonial Drive, Suite 1704 Orlando FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Uniken Venema, Theodora <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 400 East Colonial Drive, Suite 1704 Orlando FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		DIRECTOR G. VANDERMADE 4/29/04 407-843 8437 Date Daytime Phone #	

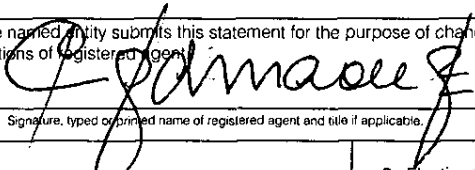
44041317



04272004 Chg-P CR2E034 (10/03)

4. FEI Number 16-1615548 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



Gerardus Vandermade 4-27-2004

SIGNATURE:

DIRECTOR
G. VANDERMADE 4/29/04 407-843 8437
Date Daytime Phone #