2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000123289

Entity Name: SKILCOR PRODUCTS, INC.

FT. LAUDERDALE, FL 33316

City-St-Zip:

FILED Feb 05, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1 LAS OLAS CIRCLE PH2 FT. LAUDERDALE, FL 33316 **New Mailing Address: Current Mailing Address:** 100 NE THIRD AVENUE SUITE 620 FT. LAUDERDALE, FL 33301 FEI Number: 98-9412887 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHECTER, MARK S ESQ 100 NE 3RD AVENUE SUITE 620 FORT LAUDERDALE, FL 33301 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MICULINIC, DEBORAH Name: Name: 1 LAS OLAS CIRCLE, PH2 Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33316 City-St-Zip: Title: Title: () Change () Addition () Delete Name: MICULINIC, VEL Name: 1 LAS OLAS CIRCLE, PH2 Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DEBORAH MICULINIC D 02/05/2008