

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000080401

Entity Name: SKYVUES, INC.

FILED
May 18, 2009
Secretary of State**Current Principal Place of Business:**1000 N HERCULES AVENUE
CLEARWATER, FL 33765**New Principal Place of Business:****Current Mailing Address:**1000 N HERCULES AVENUE
CLEARWATER, FL 33765**New Mailing Address:**

FEI Number: 20-5032374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:BOZMOSKI, JOHN JR
9009 SEMINOLE BLVD.
SUITE 1
SEMINOLE, FL 33772 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

OFFICERS AND DIRECTORS:Title: PSTD () Delete
Name: KENNY, BRIAN
Address: 1000 N HERCULES AVE
City-St-Zip: CLEARWATER, FL 33765Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PTD (X) Change () Addition
Name: KENNY, BRIAN
Address: 1000 N HERCULES AVE
City-St-Zip: CLEARWATER, FL 33765Title: SEC () Change (X) Addition
Name: COOPER, BARBARA A
Address: 1000 N HERCULES AVE
City-St-Zip: CLEARWATER, FL 33765

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: BRIAN KENNY

P

05/18/2009

Electronic Signature of Signing Officer or Director

Date