

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000037924

FILED
May 04, 2009
Secretary of State

Entity Name: BLUE SKY MARKETING & CONSULTING, INC.

Current Principal Place of Business:

3358 A LOOP 323 S. S.W.
TYLER, TX 75701

New Principal Place of Business:

4828 S. BROADWAY #321
TYLER, TX 75703

Current Mailing Address:

3358 A LOOP 323 S. S.W.
TYLER, TX 75701

New Mailing Address:

4828 S. BROADWAY #321
TYLER, TX 75703

FEI Number: 65-0753013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMOLER, BRUCE
2611 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: HERWOOD, GARY ;
Address: 3358 A LOOP 323 S. S.W.
City-St-Zip: TYLER, TX 75701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: HERWOOD, GARY ;
Address: 1507 COLDWATER DR
City-St-Zip: TYLER, TX 75703

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: GARY HERWOOD

PTD

05/04/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date