2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005
Secretary of State

DOCUMENT# F00000006112

Entity Name: SKILS INC.

Current Principal Place of Business:

2706 ALT 19 N
208
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 39
PALM HARBOR, FL 34682

New Mailing Address:

FEI Number: 06-1359964 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BYRNE, KEVIN
2706 ALT 19 N
PALM HARBOR, FL 34683 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:	CPT	( ) Delete
Name:	ONDASH, KAREN S	
Address:	409 KNIGHT DR.	
City-St-Zip:	TARPON SPRINGS, FL 34688	
Title:	D	( ) Delete
Name:	KEEFE, FRANCES	
Address:	3897 BROOKSWORTH AVE.	
City-St-Zip:	TARPON SPRINGS, FL 34688	
Title:	V	( ) Delete
Name:	BYRNE, KEVIN	
Address:	844 KRISWELL COURT	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	S	( ) Delete
Name:	GLYNN, DEIRDRE	
Address:	37 ROLLING RIDGE RD	
City-St-Zip:	LONDONDERRY, NH 03053	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
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 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 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: KAREN S. ONDASH CPT 02/17/2005

Electronic Signature of Signing Officer or Director — Date