

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000004376

FILED
Jan 18, 2008
Secretary of State

Entity Name: SK PARTNERS, INC.

Current Principal Place of Business:

2171 GRAND AVENUE
WEST DES MOINES, IA 50265

New Principal Place of Business:

2800 UNIVERSITY, #118
WEST DES MOINES, IA 50266

Current Mailing Address:

2171 GRAND AVENUE
WEST DES MOINES, IA 50265

New Mailing Address:

2800 UNIVERSITY, #118
WEST DES MOINES, IA 50266

FEI Number: 36-4559400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HASKINS, HARRY
SUNTRUST BUILDING
3400 TAMiami TRAIL, #201
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

CAVANAUGH, STEVE
1211 OLD STICKNEY POINT ROAD
SARASOTA, FL 34242 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: STEVE CAVANAUGH

01/18/2008

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: CHRM () Delete
Name: KLINE, JOHN C
Address: 2171 GRAND AVENUE
City-St-Zip: WEST DES MOINES, IA 50265

Title: PST () Delete
Name: KLINE, JOHN C
Address: 2171 GRAND AVENUE
City-St-Zip: WEST DES MOINES, IA 50265

Title: D (X) Delete
Name: WALTERS, RANDY
Address: 2171 GRAND AVENUE
City-St-Zip: WEST DES MOINES, IA 50265

Title: D (X) Delete
Name: WILLIS, MARTY
Address: 2171 GRAND AVENUE
City-St-Zip: WEST DES MOINES, IA 50265

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHRM (X) Change () Addition
Name: WILLIS, MARTY C
Address: 2800 UNIVERSITY, # 118
City-St-Zip: WEST DES MOINES, IA 50266

Title: PST (X) Change () Addition
Name: WILLIS, MARTY C
Address: 2800 UNIVERSITY, #118
City-St-Zip: WEST DES MOINES, IA 50266

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 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: MARTY WILLIS

CHRM

01/18/2008

Electronic Signature of Signing Officer or Director

Date