

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000006284

**Entity Name:** SKY KEY NETWORK, INC.

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3225 MCLEOD DR., SUITE 100  
LAS VEGAS, NV 89121

**New Principal Place of Business:**

**Current Mailing Address:**

3225 MCLEOD DR., SUITE 100  
LAS VEGAS, NV 89121

**New Mailing Address:**

**FEI Number:** 26-1449201

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: PTVS  
Name: DAVIS, CHRISTINA L  
Address: 1153 LAGUNA AVE., APT. 3  
City-St-Zip: BURLINGAME, CA 94010

Title: D  
Name: DAVIS, CHRISTINA  
Address: 1153 LAGUNA AVE., APT. 3  
City-St-Zip: BURLINGAME, CA 94010

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINA L DAVIS

PRES

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date