

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004885

FILED
May 19, 2006
Secretary of State

Entity Name: SKYCAP, INC.

Current Principal Place of Business:

PO BOX 88029
MOBILE, AL 36608

New Principal Place of Business:

Current Mailing Address:

PO BOX 88029
MOBILE, AL 36608

New Mailing Address:

FEI Number: 63-0940171 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LENSCH, DIAN
8066 GREENMONT
TALLAHASSEE, FL 32311 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: CP () Delete
Name: RAINES, JEAN O
Address: P.O. BOX 88029 N/A
City-St-Zip: MOBILE, AL

Title: STD () Delete
Name: BAGGETT, JAMES C
Address: P.O. BOX 88029 N/A
City-St-Zip: MOBILE, AL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JEAN O RAINES

CP

05/19/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date