


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2007 08:00 AM
Secretary of State

DOCUMENT # F97000002582 1. Entity Name SKIP CORPORATION OF DELAWARE	
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Principal Place of Business 10850 WEST PARK PLACE 500 MILWAUKEE, WI 53224 US	Mailing Address 10850 WEST PARK PLACE 500 MILWAUKEE, WI 53224 US
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DO NOT WRITE IN THIS SPACE



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 39-1225135	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.
1395 PANTHER LN STE 300
NAPLES, FL 34109-7874

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, STEPHEN M 11414 WEST PARK PLACE, SUITE 107 MILWAUKEE, WI 53224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIS, KEVIN P 10850 WEST PARK PLACE, SUITE 500 MILWAUKEE, WI 53224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BISHOFF, SUSAN K 13325 MAPLEWOOD COURT PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVERILL, ROBERT 5401 MARIPOSA/P.O. BOX 2467 N/A RANCHO SANTA FE, CA 92067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASTEN, ALEXANDER M 11 SAGO PALM ROAD VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BARBEAU, ANTHONY M 10850 WEST PARK PLACE, SUITE 500 MILWAUKEE, WI 53224

U00000634446
02/22/07-80010-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  2/13/07 414-359-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #