

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005447

FILED
Apr 08, 2004
Secretary of State

Entity Name: SKILLVIEW TECHNOLOGIES, INC.

Current Principal Place of Business:

95 PLAISTOW ROAD
PLAISTOW, NH 03865

New Principal Place of Business:

Current Mailing Address:

95 PLAISTOW ROAD
PLAISTOW, NH 03865

New Mailing Address:

FEI Number: 02-0500180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PSD () Delete
Name: PEABODY, MARGARET R
Address: 95 PLAISTOW ROAD
City-St-Zip: PLAISTOW, NH 03865

Title: C () Delete
Name: HARRIS, MATT
Address: 34 SPRING STREET
City-St-Zip: WILLIAMSTOWN, MA 01267

Title: TD () Delete
Name: RIEHL, A. HENRY
Address: 95 PLAISTOW ROAD
City-St-Zip: PLAISTOW, NH 03865

Title: D () Delete
Name: CABIAL, BRIAN
Address: 173 WATER STREET
City-St-Zip: WILLIAMSTOWN, MA 01267

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: MARGARET R. PEABODY

PSD

04/08/2004

Electronic Signature of Signing Officer or Director

_____ Date