2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H42585

Entity Name: SKYLINE TOWERS, INC.

FILED Apr 01, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FRUITLAND PARK, FL 34731

Current Principal Place of Business: New Principal Place of Business:

3621 CR 48 910 HAWK LANDING

P. O. BOX 388 FRUITLAND PARK, FL 34731 OKAHUMPKA, FL 347620388

New Mailing Address: Current Mailing Address:

3621 CR 48 910 HAWK LANDING

P. O. BOX 388 FRUITLAND PARK, FL 34731

OKAHUMPKA, FL 347620388

FEI Number: 59-2484035 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MCLELLAND, FAYE L. MCLELLAND, FAYE L. 910 HAWK LÁNDING 3621 CR 48

OKAHUMPKA, FL 34762 US US FRUITLAND PARK, FL 34731

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: FAYE MCLELLAND 04/01/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OKAHUMPKA, FL

City-St-Zip:

OFFICERS AND DIRECTORS:

City-St-Zip:

Title: () Delete Title: (X) Change () Addition MCLELLAND, BOBBY MCLELLAND, BOBBY Name: Name: 910 HAWK LANDING 3621 CR 48 Address: Address:

FRUITLAND PARK, FL 34731 City-St-Zip: OKAHUMPKA, FL City-St-Zip:

Title: Title: () Delete (X) Change () Addition MCLELLAND, FAYE Name: MCLELLAND, FAYE Name: 3621 CR 48 910 HAWK LANDING Address: Address:

Title: Title:

() Delete () Change () Addition LYNCH, LUCILLE Name: Name: Address: Address:

P.O BOX 43, 3621 CR 48 City-St-Zip: OKAHUMPKA, FL 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.

Ρ SIGNATURE: FAYE MCLELLAND 04/01/2009