2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# L00000010291

Entity Name: BLUESKY PUBLIC RELATIONS, LLC

Current Principal Place of Business:

2455 E. SUNRISE BLVD., #1101
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

400 NORTH CENTER DRIVE
SUITE 202
NORFOLK, VA 23502

Current Mailing Address:

2455 E. SUNRISE BLVD., #1101
FORT LAUDERDALE, FL 33304

New Mailing Address:

400 NORTH CENTER DRIVE
SUITE 202
NORFOLK, VA 23502

FEI Number: 74-2977766 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPANALE, ANTHONY J
539 N.E. 10TH AVENUE
FORT LAUDERDALE, FL 33301 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

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: MARKETUR, INC C/O AN, THONY J CAMPAN A CE
Address: 2455 E SUNRISE BL #1101
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGRM ( ) Delete
Name: SCOTT, JOHN
Address: 2455 E SUNRISE BL #1101
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: SCOTT, JOHN
Address: 400 NORTH CENTER DRIVE, SUITE 202
City-St-Zip: NORFOLK, VA 23502

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN SCOTT MGRM 04/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date