2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 14, 2004 08:00 AM Secretary of State DOCUMENT # L43415 1. Entity Name UNLIMITED BLUE SKY, INC. Principal Place of Business Mailing Address 215 N. FEDERAL HIGHWAY 215 N. FEDERAL HIGHWAY BOCA RATON, FL 33432 BOCA RATON, FL 33432 03302004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2995572 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BATMASIAN, JAMES H DO NOT WRITE 215 N. FEDERAL HIGHWAY BOCA RATON, FL 33432 IN THIS SPACE 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) U00000112996 04/14/04-80045-016 158.75 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME BATMASIAN, JAMES H STREET ADDRESS 215 N FEDERAL HWY CITY-ST-ZIP BOCA RATON, FL 33432 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied windleated on this report or suppliemental report of the corporation or the receiver or trustee en this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information struce and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director exercise 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 ther like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

FILED