

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 12, 2005
Secretary of State**

DOCUMENT# N04000003553

Entity Name: KISS THE SKY FOUNDATION, INC.

Current Principal Place of Business:

304 TEQUESTA DRIVE
TEQUESTA, FL 33469

New Principal Place of Business:

Current Mailing Address:

304 TEQUESTA DRIVE
TOM HICKEY
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 43-2048950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HICKEY, THOMAS J JR
304 TEQUESTA DRIVE
TEQUESTA, FL 33469 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HICKEY, THOMAS J JR
Address: 304 TEQUESTA DRIVE
City-St-Zip: TEQUESTA, FL 33469

Title: V () Delete
Name: HOOD, ROYCE A SR
Address: 391 EVERGREEN AVENUE
City-St-Zip: TEQUESTA, FL 33469

Title: V () Delete
Name: DEBBIE, JOHNSON
Address: 3300 FOREST HILL BLVD
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HICKEY, THOMAS J JR
Address: 304 TEQUESTA DRIVE
City-St-Zip: TEQUESTA, FL 33469

Title: EX D (X) Change () Addition
Name: HOOD, ROYCE A SR
Address: 391 EVERGREEN AVENUE
City-St-Zip: TEQUESTA, FL 33469

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS HICKEY

PRES

05/12/2005

Electronic Signature of Signing Officer or Director

_____ Date