

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 14, 2007  
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 ( )

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

Title:      EX D      (X) 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:      ( ) 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 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 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

04/14/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date