

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N38932

1. Entity Name
SKYDANCER PRESS INC.



Principal Place of Business
**2600 S OCEAN BLVD
14C
BOCA RATON, FL 33432 US**

Mailing Address
**2600 S OCEAN BLVD
14C
BOCA RATON, FL 33432 US**



01112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0207754

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KAYE, JOAN
2600 S OCEAN BLVD
14C
BOCA RATON, FL 33432**

**DO NOT WRITE
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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000001399591
02/01/06-80022-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KAYE, JOAN
STREET ADDRESS	2600 S OCEAN BLVD, 14C
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	DS
NAME	ASH, NANCY
STREET ADDRESS	1441 BRANDYWINE RD #700J
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	DV
NAME	DARCY, DANIEL J.
STREET ADDRESS	1319 D POST OAK PARK
CITY-ST-ZIP	HOUSTON, TX
TITLE	DT
NAME	RADDOCK, SHARON
STREET ADDRESS	3301 S OCEAN BOULEVARD
CITY-ST-ZIP	HIGHLAND BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joan Kaye 1/17/2006 561 368-1466