2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 13, 2006 08:00 AM **Secretary of State DOCUMENT # P000000000906** 1. Folity Name SEA SKY PRODUCTS, INC. Principal Place of Business Mailing Address 109 BAYBRIDGE 109 BAYBRIDGE GULF BREEZE, FL 32561 GULF BREEZE, FL 32561 CR2E034 (11/05) 02242006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3630189 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HEATHERINGTON, PAUL DO NOT WRITE 109 BAYBRIDGE GULF BREEZE, FL 32561 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 regressive agent and title if applicable. (NOTE, Registered Agent signature required when re-instating) CATE 11000000466128 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 03/22/06-80063-010 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIFFECTORS 10. D TITLE HEATHERINGTON, PAUL NAME STREET ADDRESS 109 BAYBRIDGE GULF BREEZE, FL 32561 CITY-ST-ZIP TIDE NAME STREET ADDRESS CTTY-ST-ZIP TITLE HAME STREET ADDRESS DO NOT WRITE เมา-รา-ฮค IN THIS SPACE RRE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ACCURESS (IIIY-57-7)P

12. I horoby 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 receiving or trustee empowered to execute this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attaching with an address, with all other like empowered.

SIGNATURE

TITLE
NAME
SIRVLY ADDRESS
DITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNANG OFFICER OR DIRECTOR

3/9/06

850-932-5322

FILED

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