

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000044032

FILED
May 11, 2006
Secretary of State

Entity Name: BLUE SKY FINANCIAL SERVICES, INC.

Current Principal Place of Business:

6945 SOUTHWEST HIGHWAY 200
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

6945 SOUTHWEST HIGHWAY 200
OCALA, FL 34476

New Mailing Address:

FEI Number: 59-3654719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTELLI, DOMENIC
6945 SOUTHWEST HIGHWAY 200
OCALA, FL 34475 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARTELLI, LEONARDO
Address: 13750 SOUTHWEST STATE ROAD 200
City-St-Zip: OCALA, FL 34476

Title: D () Delete
Name: LESBIREL, CHRISTOPHER
Address: 13750 SW ST RD 200
City-St-Zip: OCALA, FL 34476

Title: D () Delete
Name: LESBIREL, LUCY ANN
Address: 13750 SW ST RD 200
City-St-Zip: OCALA, FL 34476

Title: PD () Delete
Name: MARTELLI, DOMENIC
Address: 13750 SW ST RD 200
City-St-Zip: OCALA, FL 34476

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:

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

SIGNATURE: STEPHANIE PORTERFIELD

MRS

05/11/2006

Electronic Signature of Signing Officer or Director

Date