

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000054646

Entity Name: SKYSTEAD, INC.

FILED
Mar 21, 2008
Secretary of State

Current Principal Place of Business:

200 AVIATION DR N
SUITE #6
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O KYLE WILLIAMSON
4099 TAMiami TRAIL N, SUITE 200
NAPLES, FL 34103

New Mailing Address:

FEI Number: 52-2248265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.
C/O AARON A. FARMER
5811 PELICAN BAY BLVD., SUITE 600
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

AARON A. FARMER, P.L.
720 FIFTH AVENUE SOUTH
SUITE 200
NAPLES, FL 34102 US

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: AARON A. FARMER

03/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: STURM, CARSTEN
Address: 3505 NORTH RD
City-St-Zip: NAPLES, FL 34104

Title: VSD () Delete
Name: SCHERF, BETTINA
Address: 3505 NORTH RD
City-St-Zip: NAPLES, FL 34104

Title: V () Delete
Name: WILLIAMSON, KYLE N
Address: 4099 TAMiami TRAIL N, SUITE 200
City-St-Zip: NAPLES, FL 34103

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 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: CARSTEN STURM

PTD

03/21/2008

Electronic Signature of Signing Officer or Director

Date