


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000081797</b>	
<b>1. Entity Name</b> <b>BLUE SKY FLYING INC.</b>	

<b>Principal Place of Business</b> 1141 SE SECOND AVE FORT LAUDERDALE, FL 33316	<b>Mailing Address</b> 1141 SE SECOND AVE FORT LAUDERDALE, FL 33316
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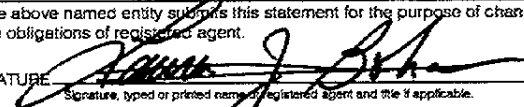
DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> NOT APPLICABLE	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  BOHANNON, LAWRENCE J 1141 SE SECOND AVE FORT LAUDERDALE, FL 33316	DO NOT WRITE IN THIS SPACE
<b>7. 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.</b>	

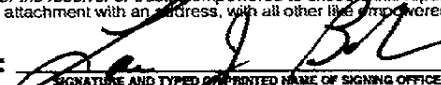
<b>SIGNATURE</b> 	<b>DATE</b> <u>1/29/04</u>
<small>(NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	PT
<b>NAME</b>	BOHANNON, LAWRENCE J
<b>STREET ADDRESS</b>	1141 SE 2ND AVE
<b>CITY-ST-ZIP</b>	FORT LAUDERDALE, FL 33316
<b>TITLE</b>	VPS
<b>NAME</b>	SKORY, JON
<b>STREET ADDRESS</b>	611 SE 9TH ST
<b>CITY-ST-ZIP</b>	POMPANO BEACH, FL 33060
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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DO NOT WRITE  
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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 filers empowered.</b>
<b>SIGNATURE:</b> 
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>  Lawrence J. Bohannon
<b>DATE</b> <u>1/29/04</u> <b>Daytime Phone #</b> <u>(754) 523-2800</u>