

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000087907

FILED
Apr 05, 2007
Secretary of State

Entity Name: BLUE SKY INTERNATIONAL CORP.

Current Principal Place of Business:

12490 STATE ROAD 535
ORLANDO, FL 32836

New Principal Place of Business:

Current Mailing Address:

12490 STATE ROAD535
ORLANDO, FL 32836

New Mailing Address:

FEI Number: 65-1057728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GESSEN, LUIS I OWNER
12490 STATE ROAD 535
ORLANDO, FL 32836 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: PD () Delete
Name: GESSEN, LUIS I
Address: 12490 STATE ROAD 535
City-St-Zip: ORLANDO, FL 32836

Title: DIR () Delete
Name: GESSEN, MIREYA
Address: 12490 STATE ROAD 535
City-St-Zip: ORLANDO, FL 32836

Title: DIRM () Delete
Name: GESSEN, FRANCIS C
Address: 12490
City-St-Zip: ORLANDO, FL 32836

Title: DIR () Delete
Name: GESSEN, GLEYSIS C
Address: 12490 STATE ROAD 535
City-St-Zip: ORLANDO, FL 32836

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: LUIS I GESSEN

PD

04/05/2007

Electronic Signature of Signing Officer or Director

Date