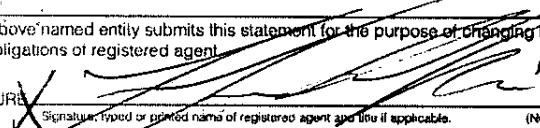
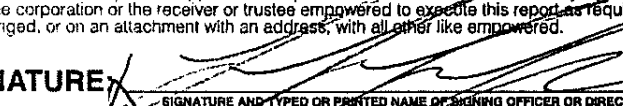


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90775 014 ***150.00

DOCUMENT # P01000015105 1. Entity Name SKY WALKER PERFORMANCE JET SKI INC.					
Principal Place of Business 2400 BAY SHORE BLVD DUNEDIN, FL 34698			Mailing Address 500 NEW YORK AVE UNIT 12 TARPOON SPRINGS, FL 34689		
2. Principal Place of Business 413 MISSISSIPPI AVE Suite, Apt. #, etc.		3. Mailing Address 413 MISSISSIPPI AVE Suite, Apt. #, etc.			
City & State PALM HARBOR FL Zip 34683 Country USA		City & State PALM HARBOR FL Zip 34683 Country USA		03282004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3703179				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAFFIN, LUCAS 2400 BAYSHORE BLVD DUNEDIN, FL 34698			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 413 MISSISSIPPI AVE City PALM HARBOR FL Zip Code 34683		
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 registered agent and title if applicable.			DATE 3/28/04 (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAFFIN, LUCAS 500 NEW YORK AVE #12 DUNEDIN, FL 34698 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 413 MISSISSIPPI AVE PALM HARBOR FL 34683		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, COLEEN 109 PHILLIPS WAY PALM HARBOR, FL 34683 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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 like empowered.					
SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE 4/28/04 (727) 434-9042 Daytime Phone #		