2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000027614

Entity Name: SKIPEM, INC.

FILED Jan 31, 2009 Secretary of State

Current F	Principal Place of Business:	New Principal Place of Business:
	ILE ROAD LOT A /EDRA, FL 32081	
Current N	Mailing Address:	New Mailing Address:
P O BOX PONTE V	1843 /EDRA BEACH, FL 32004	
FEI Numbe	r: 59-3705973 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Current Registered Agen	nt: Name and Address of New Registered Agent:
480 20 MI	KIE, ELIZABETH D ILE RD, LOT A /EDRA BEACH, FL 32082 US	
The above	a named antity submits this statement for	
	te of Florida.	the purpose of changing its registered office or registered agent, or both,
	te of Florida.	the purpose of changing its registered office or registered agent, or both,
in the Stat	te of Florida.	
in the Stat SIGNATU	te of Florida. [*] JRE:	d Agent Date
in the Stat SIGNATU Election Ca	te of Florida. JRE: Electronic Signature of Registered	d Agent Date
in the Stat SIGNATU Election Ca	te of Florida. JRE: Electronic Signature of Registered ampaign Financing Trust Fund Contribution (). RS AND DIRECTORS: P () Delete BARKOSKIE, MARTIN G 480 20 MILE RD, LOT A	d Agent Date
in the State SIGNATU Election Ca OFFICER Title: Name: Address:	te of Florida. JRE: Electronic Signature of Registered ampaign Financing Trust Fund Contribution (). RS AND DIRECTORS: P () Delete BARKOSKIE, MARTIN G 480 20 MILE RD, LOT A PONTE VEDRA BEACH, FL 32082 TD () Delete BARKOSKIE, ELIZABETH D 480 20 MILE RD, LOT A	d Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: () Change () Addition Name: Address:

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: ELIZABETH D. BARKOSKIE TD 01/31/2009