


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P01000080571 1. Entity Name SKY TELECOMMUNICATIONS OF FLORIDA, INC. |  |
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| Principal Place of Business 4900 W. HWY, 192, SUITE 103 KISSIMMEE, FL 34746 | Mailing Address 4900 W. HWY, 192, SUITE 103 KISSIMMEE, FL 34746 |
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DO NOT WRITE IN THIS SPACE



02072008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3741156 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent PATEL, KUNAL 4900 W. HWY, 192, SUITE 103 KISSIMMEE, FL 34746 |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when registering.)</small> | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000825205 02/20/08-80110-007 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PATEL, KUNAL 4900 W. HWY, 192, SUITE 103 KISSIMMEE, FL 34746 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PATEL, JAYESH 4900 W. HWY, 192, SUITE 103 KISSIMMEE, FL 34746 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

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|--|----------------|-------------------------------|
| SIGNATURE:  KUNAL PATEL | Date: 02/08/08 | Daytime Phone #: 407-396-7266 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |