2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000118351

Entity Name: SKYKEY, INC.

FILED Jul 01, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

189 JOHNSON RD. ADIRONDACK, NY 12808

Current Mailing Address: New Mailing Address:

189 JOHNSON RD. 189 JOHNSON RD.

ADIRONDACK, NY 12808 ADIRONDACK, NY 12808 US

FEI Number: 01-0566660 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSON, BRIAN V 11019 SW CYPRESS BEND JOHNSON, BRIAN V 6386 SCOTT ST.

ARCADIA, FL 34266 US PUNTA GORDA, FL 33950 US

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: BRIAN V. JOHNSON 07/01/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 JOHNSON, BRIAN V
 Name:
 JOHNSON, BRIAN V

 Address:
 11019 SW CYPRESS BOARD AVE
 Address:
 189 JOHNSON RD

 City-St-Zip:
 ARCADIA, FL 34269
 City-St-Zip:
 ADIRONDACK, NY 12808

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 JOHNSON, TRACY A
 Name:
 JOHNSON, TRACY A

 Address:
 11019 SW CYPRESS BOARD AVE
 Address:
 189 JOHNSON RD

 City-St-Zip:
 ARCADIA, FL 34269
 City-St-Zip:
 ADIRONDACK, NY 12808

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRIAN V. JOHNSON PRES 07/01/2004