## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000006379

Entity Name: SKYLIGHT CONCEPTS, INC.

FILED Jan 19, 2009 Secretary of State

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

1203 NW 65TH PLACE 3400 SW 26TH TERRACE

FT. LAUDERDALE, FL 33309 SUITE A6

FT. LAUDERDALE, FL 33312

Current Mailing Address: New Mailing Address:

1203 NW 65TH PLACE 3400 SW 26TH TERRACE

FT. LAUDERDALE, FL 33309 SUITE A6

FT. LAUDERDALE, FL 33312

FEI Number: 38-3641110 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:

GOODRICH, MYRON K
1203 NW 65TH PLACE
GOODRICH, MYRON K
3400 SW 26TH TERRACE

FT. LAUDERDALE, FL 33309 US SUITE A6 FT. LAUDERDALE, FL 33312 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: MYRON K GOODRICH 01/19/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GOODRICH, MYRON K
 Name:

 Address:
 10411 NW 18TH DRIVE
 Address:

 City-St-Zip:
 PLANTATION, FL 33322
 City-St-Zip:

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

 Name:
 PALUCCI, ROBERT J
 Name:
 PALUCCI, ROBERT J

 Address:
 5533 NW 107TH AVE.
 Address:
 100 S. BIRCH ROAD

 City-St-Zip:
 CORAL SPRINGS, FL 33076
 City-St-Zip:
 FT. LAUDERDALE, FL 33316

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: MYRON K GOODRICH P 01/19/2009