



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000017044		
1. Entity Name SKYSOFT INC.		
Principal Place of Business 49B N. ORANGE AVE. ORLANDO, FL 32801	Mailing Address 49B N. ORANGE AVE. ORLANDO, FL 32801	 03232006 No Chg-P CR2E034 (11/05) 4. FEI Number 36-4488028 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ESPADA, CARLOS E 1805 GARVIN STREET ORLANDO, FL 32803		
DO NOT WRITE IN THIS SPACE		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	MR.	 U00000486163 04/13/06-80026-013 150.00 DO NOT WRITE IN THIS SPACE
NAME	ESPADA, CARLOS E	
STREET ADDRESS	1805 GARVIN STREET	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE		
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CITY-ST-ZIP		
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.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 3/28/2006 Daytime Phone #: 407-897-5481