

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000017044</b>		
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
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01192007 No Chg-P CR2E034 (11/05)
		4. FEI Number 36-4488028
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  ESPADA, CARLOS E 1805 GARVIN STREET ORLANDO, FL 32803		<b>DO NOT WRITE IN THIS SPACE</b>
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>2/7/2007</u>
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		U00000629041 02/16/07-80040-023 150.00
TITLE	MR.	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	ESPADA, CARLOS E	
STREET ADDRESS	1805 GARVIN STREET	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
<small>Date Daytime Phone #</small>		