


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 24, 2006 08:00 A**  
**Secretary of State**

DOCUMENT # P02000026327 1. Entry Name SUNSKY ENTERPRISES INC.	
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Principal Place of Business 2219 BONNIE DRIVE WEST PALM BEACH, FL 33415	Mailing Address 2219 BONNIE DRIVE WEST PALM BEACH, FL 33415
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**DO NOT WRITE IN THIS SPACE**



08212006 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3105872	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SOKOLOWSKI, SCOTT P  
 2219 BONNIE DRIVE  
 WEST PALM BEACH, FL 33415

**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)

000000575183  
08/24/06-80004-013 150.00  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOKOLOWSKI, SCOTT P 2219 BONNIE DRIVE WEST PALM BEACH, FL 33415
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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: Scott P Sokolowski      8/21/06      561 541 3969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #