2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000035125

Entity Name: SKAR FAMILY CORPORATION

FILED Apr 30, 2007 Secretary of State

| Littly Nai | ille. SNAR F | AMILI CORFORATION | | | | | |
|---|--|---------------------------------|--------------|---|---|------------------------|--|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
| 5100 BURCHETTE RD, #404 TAMPA, FL 33647 | | | | 252 RIGGS DR CLEMSON, SC 29631 | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| 5100 BURCHETTE RD, #404 TAMPA, FL 33647 | | | | 252 RIGGS DR CLEMSON, SC 29631 | | | |
| FEI Number | : 59-2409003 | FEI Number Applied For () | FEI Number | Not Applicable () | Certificate o | f Status Desired() | |
| Name and | Address of | Current Registered Agent: | Na | me and Addres | s of New Registe | ered Agent: | |
| TAMPA, F | DEN VALE A' L 33647 U | | urpose of ch | anging its registe | ered office or regis | stered agent, or both. | |
| | e of Florida. | | | | | ,, | |
| SIGNATUI | | | | | | | |
| Flaction 6- | | nic Signature of Registered Age | nt | | Dat | e | |
| Election Car | mpaign Financir | ng Trust Fund Contribution (). | | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | | | |
| Title: Name: Address: City-St-Zip: | SKINNER, MA 272 RIGGS DI | ₹. | | | () Change () A | ddition | |
| Title: Name: Address: City-St-Zip: | SKINNER, CA | ETTE RD. #404 | | ne: SKINNER ress: 252 RIG | (X) Change () A R, CARLOS GS DR DN, SC 29631 | addition | |
| Title: Name: Address: City-St-Zip: | SKINNER, JUA | NVALE AVENUE | | | () Change () A | ddition | |
| Title: Name: Address: City-St-Zip: | D (SKINNER, CAI 2705 MORGAI TAMPA, FL 33 | N STREET | | ne: SKINNEF ress: 5100 BU | (X) Change () A R, CAMILO JRCHETTE RD FL 33647 | addition | |
| Title: Name: Address: City-St-Zip: | D (SKINNER, BR 5100 BURCHE TAMPA, FL 33 | ETTE RD #404 | | ne: SKINNER ress: 252 RIG | (X) Change () A R, BRIAN GS DR DN, SC 29631 | addition | |
| | | | | | | | |

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: JUAN SKINNER RA 04/30/2007