2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000093482

City-St-Zip:

City-St-Zip:

Title:

Name: Address: ORLANDO, FL 32801

WILSON, PATRICIA

ORLANDO, FL 32801

(X) Delete

255 S. ORANGE AVE, 6TH FLOOR

FILED Apr 28, 2005 Secretary of State

Entity Name: BUSINESS SKILLS CORPORATION Current Principal Place of Business: New Principal Place of Business: 255 S ORANGE AVE 6 FLOOR 255 S ORANGE AVE 6TH FLOOR ORLANDO, FL 32801 ORLANDO, FL 32801 **Current Mailing Address: New Mailing Address:** PO BOX 1511 ORLANDO, FL 32802 FEI Number: 61-1425195 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: PINO, LAURENCE J ESQ 255 S ORANGE AVE 6 FLOOR ORLANDO, FL 32801 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition EARLY, DAVID EARLY, DAVID Name: Name: 255 S ORANGE AVE., 6TH FLR. 255 S ORANGE AVE 6TH FLOOR Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32801 Title: Title: () Delete (X) Change () Addition Name: EARLY, DAVID Name: NICKERSON, CRAIG 255 S. ORANGE AVE., 6TH FLOOR 255 S ORANGE AVE 6TH FLOOR Address: Address: ORLANDO, FL 32801 ORLANDO, FL 32801 City-St-Zip: City-St-Zip: () Delete (X) Change () Addition Title: Title: NICKERSON, CRAIG WILSON, PATRICIA Name: Name: 255 S ORANGE AVE., 6TH FLR. 255 S ORANGE AVE 6TH FLOOR Address: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Address:

City-St-Zip:

ORLANDO, FL 32801

() Change () Addition

SIGNATURE: DAVID EARLY DP 04/28/2005