


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90222 035 ***150.00

DOCUMENT # P02000118361 1. Entity Name BLUESKY INTERNET, INC.					
Principal Place of Business 4407 VINELAND ROAD SUITE D-7 ORLANDO, FL 32811			Mailing Address 4407 VINELAND ROAD SUITE D-7 ORLANDO, FL 32811		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 618127 Suite, Apt. #, etc.			
City & State Orlando FL		City & State Orlando FL		4. FEI Number 38-3666537	
Zip 32861		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICKETTS, AMY L 4407 VINELAND RD STE D-7 ORLANDO, FL 32811				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Amy L Ricketts</i></u> Amy L Ricketts <u>4/29/08</u> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICKETTS, JOHN G 4407 VINELAND ROAD, SUITE D-7 ORLANDO, FL 32811	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICKETTS, AMY 4407 VINELAND RD, SUITE D-7 ORLANDO, FL 32811	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLIVA, JOAQUIN E 4407 VINELAND RD, SUITE D-7 ORLANDO, FL 32811	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RACA, BRAD 4407 VINELAND RD, SUITE D-7 ORLANDO, FL 32811	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERNANDEZ, OMAR 4407 VINELAND RD, SUITE D-7 ORLANDO, FL 32811	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VEGA, LUIS 4407 VINELAND RD, SUITE D-7 ORLANDO, FL 32811	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Amy L Ricketts</i></u> Amy L Ricketts <u>4/29/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					