

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

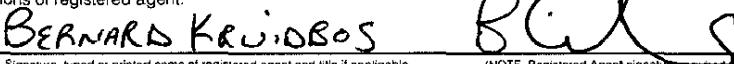
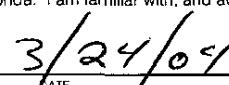
FILED  
Mar 25, 2004 8:00 am  
Secretary of State

03-25-2004 90029 026 \*\*\*150.00

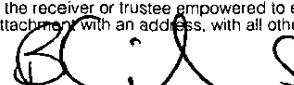
DOCUMENT # P03000009109		
1. Entity Name SKY NETWORK SOLUTIONS, INC.		

Principal Place of Business 3382 DWIGHT DRIVE FERNANDINA BEACH, FL 32034	Mailing Address 3382 DWIGHT DRIVE FERNANDINA BEACH, FL 32034
--	--

94036157

2. Principal Place of Business 263 OTTER RUN DR	3. Mailing Address 263 OTTER RUN DR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State FERNANDINA BEACH, FL	City & State FERNANDINA BEACH, FL	
Zip 32034	Country USA	
6. Name and Address of Current Registered Agent KRUIDBOS, BERNARD 3382 DWIGHT DRIVE FERNANDINA BEACH, FL 32034		7. Name and Address of New Registered Agent Name BERNARD KRUIDBOS Street Address (P.O. Box Number is Not Acceptable) 263 OTTER RUN DRIVE
		City FERNANDINA BEACH
		Zip Code 32034
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:   Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 263 OTTER RUN DRIVE FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input 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 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 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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/24/04	Daytime Phone #