2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000032794

Entity Name: SKYSAIL VENTURES, INC.

FILED Aug 17, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

99 ORANGE STREET 1803 WINDJAMMER LANE ST. AUGUSTINE, FL 32084 ST. AUGUSTINE, FL 32084

Current Mailing Address: New Mailing Address:

99 ORANGE STREET 1803 WINDJAMMER LANE ST. AUGUSTINE, FL 32084 ST. AUGUSTINE, FL 32084

FEI Number: 65-1183732 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:

SCOTT, ALLEN KEOUGH, ARLYN
99 ORANGE STREET 1803 WINDJAMMER LANE
ST. AUGUSTINE, FL 32084 ST. AUGUSTINE, FL 32084

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: ARLYN KEOUGH 08/17/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition SCOTT, ALLEN Name: Name: KEOUGH, ARLYN 99 ORANGE STREET 1803 WINDJAMMER LANE Address: Address: City-St-Zip: ST. AUGUSTINE, FL 32084 City-St-Zip: ST. AUGUSTINE, FL 32084 US () Delete Title: () Change (X) Addition Title: Name: Name: KEOUGH, ARLYN 1803 WINDJAMMER LANE Address: Address: ST AUGUSTINE, FL 32084 US City-St-Zip: City-St-Zip: Title: () Change (X) Addition Title: () Delete KEOUGH, ARLYN Name: Name: 1803 WINDJAMMER LANE Address Address: City-St-Zip: City-St-Zip: ST AUGUSTINE, FL 32084 US Title: () Delete Title: **TREA** () Change (X) Addition KEOUGH, ARLYN Name: Name: Address: Address: 1803 WINDJAMMER LANE City-St-Zip: City-St-Zip: ST AUGUSTINE, FL 32084 US Title: Title: () Change (X) Addition () Delete Name: Name: KEOUGH, ARLYN Address: Address: 1803 WINDJAMMER LANE City-St-Zip: City-St-Zip: ST AUGUSTINE, FL 32084 US

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.

SIGNATURE: ARLYN KEOUGH PRES 08/17/2004