


**2007 FOR PROFIT CORPORATION-
ANNUAL REPORT (AR)**

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90013 001 ***150.00

DOCUMENT # P0300032794

1. Entity Name
SKYSAIL VENTURES, INC.



Principal Place of Business
~~1803 WINDJAMMER LANE~~
C/O A. KEOUGH
ST. AUGUSTINE FL 32084

Mailing Address
1803 WINDJAMMER LANE
C/O A. KEOUGH
ST. AUGUSTINE FL 32084



2. Principal Place of Business - No P.O. Box #
713 OCEAN PALM WAY

3. Mailing Address
713 OCEAN PALM WAY

Suite, Apt. #, etc.
C/O KEOUGH

1st MOORE CR2E034 (10/06)

City & State
St. Augustine FL

City & State
St. Augustine FL

Zip
32080

Country
USA

4. FEI Number **65-1183732**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KEOUGH, ARLYN
1803 WINDJAMMER LANE
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name
J. KEOUGH

Street Address (P.O. Box Number is Not Acceptable)
713 OCEAN PALM WAY

City
ST AUGUSTINE

State
FL

Zip Code
32080

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 *J. Keough* DATE *April 15, 2007*

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR KEOUGH, ARLYN 1803 WINDJAMMER LANE ST. AUGUSTINE FL 32084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES KEOUGH, ARLYN 1803 WINDJAMMER LANE ST AUGUSTINE FL 32084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEOUGH, JOHN D 1803 WINDJAMMER LANE ST AUGUSTINE FL 32084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA KEOUGH, JOHN D 1803 WINDJAMMER LANE ST AUGUSTINE FL 32084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC KEOUGH, JOHN D 1803 WINDJAMMER LANE ST AUGUSTINE FL 32084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *J. Keough* DATE: *April 15, 2007* DAYTIME PHONE: *860 3045278*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR