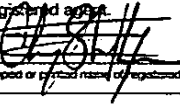
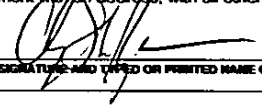


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90085 031 ***150.00

DOCUMENT # P03000046948 1. Entity Name SKEFFINGTON MANAGEMENT INC.					
Principal Place of Business 3170 N. FEDERAL HWY 103C LIGHTHOUSE, FL 33064			Mailing Address 3170 N. FEDERAL HWY 103C LIGHTHOUSE, FL 33064		
2. Principal Place of Business 2716 RS Bailey Drive		3. Mailing Address PO Box 681292			
Suite, Apt. #, etc. DRIVE		Suite, Apt. #, etc. 			
City & State Jacksonville, FL		City & State Park City, UT			
Zip 32246		Country USA		Zip 84068	
Country USA		Country USA			
6. Name and Address of Current Registered Agent DICRESCENZO, ANGELA 3170 N. FEDERAL HWY 103C LIGHTHOUSE POINT, FL 33064			7. Name and Address of New Registered Agent Name Gary Brown Street Address (P.O. Box Number is Not Acceptable) 1912 Sidewinder Dr. Suite 113 City Park 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 					
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 ☐ Delete SKEFFINGTON, CHANZ C 2577 LITTLE KATE RD PARK CITY, UT 84060		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Change ☒ Addition Steven Skeffington 2716 RS Bailey Drive E Jacksonville, FL 32246-4617	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Delete SKEFFINGTON, VIRGINIA-JEAN J 2577 LITTLE KATE RD PARK CITY, UT 84060		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 			4/30/2005 435-731-0121		
Signature typed or printed name of signing officer or director					