2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2006
Secretary of State

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Entity Name: SKY LIMIT ACQUISTIONS, INC.

Current Principal Place of Business:

PINE ISLE APTS #2
651 PINE DR. # 105
POMPANO BEACH, FL 33060

New Principal Place of Business:

541 HOLIDAY ACRES DR.
SPRINGVILLE, TN 38256

Current Mailing Address:

PINE ISLE APTS #2
651 PINE DR.#105
POMPANO BEACH, FL 33060

New Mailing Address:

541 HOLIDAY ACRES DR.
SPRINGVILLE, TN 38256

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ZIMMERMAN, STEPHEN L
737 EAST ATLANTIC BLVD
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CIAROCCHI, ROGER N SR
Address: 1000 E ATLANTIC BLVD #205L
City-St-Zip: POMPANO BEACH, FL 33060

Title: D ( ) Delete
Name: CIAROCCHI, LISA D
Address: 1000 E ATLANTIC BLVD #205L
City-St-Zip: POMPANO BEACH, FL 33060

Title: PRES ( ) Delete
Name: CIARROCCHI, ROGER SR N
Address: 651 PINE DR
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: VPRE ( ) Delete
Name: CIARROCCHI, LISA D
Address: 651 PINE DR
City-St-Zip: POMPANO BEACH, FL 33060 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CIAROCCHI, ROGER N SR
Address: 541 HOLIDAY ACRES DR.
City-St-Zip: SPRINGVILLE, TN 38256

Title: D (X) Change ( ) Addition
Name: CIAROCCHI, LISA D
Address: 541 HOLIDAY ACRES DR.
City-St-Zip: SPRINGVILLE, TN 38256

Title: PRES (X) Change ( ) Addition
Name: CIARROCCHI, ROGER SR N
Address: 541 HOLIDAY ACRES
City-St-Zip: SPRINGVILLE, TN 38256 US

Title: VPRE (X) Change ( ) Addition
Name: CIARROCCHI, LISA D
Address: 541 HOLIDAY ACRES DR.
City-St-Zip: SPRINGVILLE, TN 38256 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROGER N. CIARROCCHI SR. PRES 01/22/2006

Electronic Signature of Signing Officer or Director — Date