

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000099698

1. Entity Name  
BLUE SKY MARKETING ASSOCIATES, INC.



**FILED  
Apr 16, 2008 08:00 AM  
Secretary of State**

Principal Place of Business

900 KINGSCOTE CT  
SAFETY HARBOR, FL 34695

Mailing Address

900 KINGSCOTE CT  
SAFETY HARBOR, FL 34695



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0266394	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

GAYE, KATHLEEN T  
900 KINGSCOTE CT  
SAFETY HARBOR, FL 34695

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

U000000899281  
04/28/08-80032-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GAYE, KATHLEEN T
STREET ADDRESS	900 KINGSCOTE CT
CITY-ST-ZIP	SAFETY HARBOR, FL 34695

TITLE	
NAME	
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CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

*Kathleen T. Gaye, Manager/Author 4/13/08 727-644-4630*

Date

Daytime Phone #