2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2004
Secretary of State

DOCUMENT# P03000110361

Entity Name: BLUE SKY PROPERTIES OF AMELIA, INC.

Current Principal Place of Business:

4 OCEAN CLUV DRIVE
AMELIA ISLAND, FL 32034

New Principal Place of Business:

4 OCEAN CLUB DRIVE
AMELIA ISLAND, FL 32034

Current Mailing Address:

4 OCEAN CLUV DRIVE
AMELIA ISLAND, FL 32034

New Mailing Address:

4 OCEAN CLUB DRIVE
AMELIA ISLAND, FL 32034

FEI Number: 56-2415079 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, SCOTT C
4 OCEAN CLUV DRIVE
AMELIA ISLAND, FL 32034

Name and Address of New Registered Agent:

JOHNSON, SCOTT C
4 OCEAN CLUB DRIVE
AMELIA ISLAND, FL 32034

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: _____ 01/11/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: JOHNSON, SCOTT C
Address: 4 OCEAN CLUV DRIVE
City-St-Zip: AMELIA ISLAND, FL 32034

Title: VSD ( ) Delete
Name: JOHNSON, PATRICIA M
Address: 4 OCEAN CLUV DRIVE
City-St-Zip: AMELIA ISLAND, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: JOHNSON, SCOTT C
Address: 4 OCEAN CLUB DRIVE
City-St-Zip: AMELIA ISLAND, FL 32034

Title: VSD (X) Change ( ) Addition
Name: JOHNSON, PATRICIA M
Address: 4 OCEAN CLUB DRIVE
City-St-Zip: AMELIA ISLAND, FL 32034

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: SCOTT C JOHNSON PSTD 01/11/2004
Electronic Signature of Signing Officer or Director — Date