

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000123289

Entity Name: SKILCOR PRODUCTS, INC.

FILED  
Jan 12, 2006  
Secretary of State

## Current Principal Place of Business:

1 LAS OLAS CIRCLE, PH2  
FT. LAUDERDALE, FL 33316

## New Principal Place of Business:

1 LAS OLAS CIRCLE  
PH2  
FT. LAUDERDALE, FL 33316

## Current Mailing Address:

100 NE THIRD AVENUE  
SUITE 620  
FT. LAUDERDALE, FL 33316

## New Mailing Address:

100 NE THIRD AVENUE  
SUITE 620  
FT. LAUDERDALE, FL 33301

FEI Number: 98-9412887

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHECTER, MARK S  
100 NE 3RD AVENUE  
SUITE 620  
FORT LAUDERDALE, FL 33301 US

## Name and Address of New Registered Agent:

SCHECTER, MARK S ESQ  
100 NE 3RD AVENUE  
SUITE 620  
FORT LAUDERDALE, FL 33301 US

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: MARK S. SCHECTER

01/12/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MICULINIC, DEBORAH  
Address: 1 LAS OLAS CIRCLE, PH2  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: D ( ) Delete  
Name: MICULINIC, VEL  
Address: 1 LAS OLAS CIRCLE, PH2  
City-St-Zip: FT. LAUDERDALE, FL 33316

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DEBORAH MICULINIC

D

01/12/2006

Electronic Signature of Signing Officer or Director

Date