

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000014046

Entity Name: PINKYSKULL, INC.

FILED  
Feb 23, 2007  
Secretary of State

## Current Principal Place of Business:

14033 HALSTEAD CT  
321  
TAMPA, FL 33613

## Current Mailing Address:

419 GRANBY XING  
CAYCE, SC 29033

## New Principal Place of Business:

736 ISLAND WAY  
#1103  
CLEARWATER, FL 33767 US

## New Mailing Address:

41 HOWARD ST SE  
ATLANTA, GA 30317 US

FEI Number: 52-2422045

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OMUR, ALI N  
14033 HALSTEAD CT  
321  
TAMPA, FL 33613 US

## Name and Address of New Registered Agent:

OMUR, ALI N  
#736 ISLAND WAY  
1103  
CLEARWATER, FL 33767 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:

02/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: OMUR, ALI N  
Address: 14033 HALSTEAD CT #321  
City-St-Zip: TAMPA, FL 33613

Title: VP ( ) Delete  
Name: OMUR, CHERYLNN M  
Address: 14033 HALSTEAD CT #321  
City-St-Zip: TAMPA, FL 33613

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: OMUR, ALI N  
Address: 736 ISLAND WAY #1103  
City-St-Zip: CLEARWATER, FL 33767

Title: VP (X) Change ( ) Addition  
Name: OMUR, CHERYLNN M  
Address: 736 ISLAND WAY #1103  
City-St-Zip: CLEARWATER, FL 33767

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: ALI N OMUR

P

02/23/2007

Electronic Signature of Signing Officer or Director

Date