2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000027168

Entity Name: BLUE SKY FAUX DESIGNS INC.

FILED Feb 13, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

945 2ND ST. 2731 CARISSA DR.

VERO BEACH, FL 32962 US VERO BEACH, FL 32960 US

Current Mailing Address: New Mailing Address:

945 2ND ST. 2731 CARISSA DR.

VERO BEACH, FL 32962 US VERO BEACH, FL 32960 US

FEI Number: 20-0707740 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FARROW, JORDAN L PT FARROW, JORDAN L PT 945 2ND ST. 2731 CARISSA DR.

VERO BEACH, FL 32962 US VERO BEACH, FL 32960 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: JORDAN L. FARROW 02/13/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT () Delete Title: PT (X) Change () Addition

 Name:
 FARROW, JORDAN L
 Name:
 FARROW, JORDAN L

 Address:
 945 2ND ST.
 Address:
 2731 CARISSA DR.

 City-St-Zip:
 VERO BEACH, FL 32962 US
 City-St-Zip:
 VERO BEACH, FL 32960 US

Olty-01-21p. VERO BEACH, 1 E 32902 00

 Title:
 S
 () Delete
 Title:
 S
 (X) Change () Addition

 Name:
 FARROW, NICOLE M
 Name:
 FARROW, NICOLE M

 Address:
 945 2ND ST.
 Address:
 2731 CARISSA DR.

 City-St-Zip:
 VERO BEACH, FL 32962 US
 City-St-Zip:
 VERO BEACH, FL 32960 US

Title: VP () Delete Title: VP (X) Change () Addition

Name: CAPRA, TIMOTHY Name: CAPRA, TIMOTHY

Address: 945 2ND ST Address: 1361 4TH CT

City-St-Zip: VERO BEACH, FL 32962 US City-St-Zip: VERO BEACH, FL 32960 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: JORDAN L. FARROW PT 02/13/2007