

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000037371

**FILED**  
**Feb 23, 2006**  
**Secretary of State**

**Entity Name:** SKYLINE 2 PACKAGE AND DELIVERY, INC.

**Current Principal Place of Business:**

813 GRANDE REGAL POINTE  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

632 MONTE VISTA WAY  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

813 GRANDE REGAL POINTE  
WINTER GARDEN, FL 34787

**New Mailing Address:**

632 MONTE VISTA WAY  
WINTER GARDEN, FL 34787

**FEI Number:** 20-0785032

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAIJNAUTH, KARMA  
813 GRANDE REGAL POINTE  
WINTER GARDEN, FL 34787 US

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

BAIJNAUTH, KARMA  
632 MONTE VISTA WAY  
WINTER GARDEN, FL 34787 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:** KARMA BAIJNAUTH

02/23/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** BAIJNAUTH, KARMA  
**Address:** 813 GRANDE REGAL POINTE  
**City-St-Zip:** WINTER GARDEN, FL 34787

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** P (X) Change ( ) Addition  
**Name:** BAIJNAUTH, KARMA  
**Address:** 632 MONTE VISTA WAY  
**City-St-Zip:** WINTER GARDEN, FL 34787

**Title:** VP ( ) Change (X) Addition  
**Name:** BAIJNAUTH, DOULATRAM  
**Address:** 632 MONTE VISTA WAY  
**City-St-Zip:** WINTER GARDEN, FL 34787

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:** KARMA

P

02/23/2006

Electronic Signature of Signing Officer or Director

Date