## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000038909

Entity Name: I HAVE SKILLS INC.

FILED Apr 11, 2006 Secretary of State

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

P.O. BOX 730004 P.O. BOX 730004

ORMOND BEACH, FL 32117 ORMOND BEACH, FL 32174

Current Mailing Address: New Mailing Address:

P.O. BOX 730004 P.O. BOX 730004

ORMOND BEACH, FL 32117 ORMOND BEACH, FL 32174

FEI Number: 75-3147530 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:

IRONS, ROSE D IRONS, R. D P.O. BOX 730004 P.O. BOX 730004

ORMOND BEACH, FL 32174 US ORMOND BEACH, FL 32174 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: R.D. IRONS 04/11/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

Name:

Address:

Title: P (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 P
 ( ) Delete
 Title:
 P
 (X) Cl

 IRONS, ROSE D
 Name:
 IRONS, R. D

 P.O. BOX 730004
 Address:
 P.O. BOX 730004

City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf ( ) Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change ( ) Addition}$ 

 Name:
 IRONS, K C
 Name:
 IRONS, D. J

 Address:
 P.O. BOX 10912
 Address:
 P.O. BOX 730004

City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174

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

 Name:
 Name:
 IRONS, K. C

 Address:
 Address:
 P.O. BOX 730004

City-St-Zip: City-St-Zip: ORMOND BEACH, FL 32174

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: R.D. IRONS PRES 04/11/2006