

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000077047

Entity Name: SKYWAY TELECOM, INC.

FILED
Jul 10, 2007
Secretary of State

Current Principal Place of Business:

1800 2ND STREET
SUITE 708
SARASOTA, FL 34236

Current Mailing Address:

1800 2ND STREET
SUITE 708
SARASOTA, FL 34236

New Principal Place of Business:

1800 2ND STREET
SUITE 905
SARASOTA, FL 34236

New Mailing Address:

1800 2ND STREET
SUITE 905
SARASOTA, FL 34236

FEI Number: 59-3751984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAY, MIKE
1800 2ND STREET
SUITE 708
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

RAY, MIKE
1800 2ND STREET
SUITE 905
SARASOTA, FL 34236 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:

07/10/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: RAY, MIKE
Address: 1800 2ND STREET SUITE 708
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: PORRO, ANTHONY
Address: 1800 SECOND STREET #708
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: RAY, MIKE
Address: 1800 2ND STREET SUITE 905
City-St-Zip: SARASOTA, FL 34236

Title: DVP (X) Change () Addition
Name: SHILLING, DAVE
Address: 1800 SECOND STREET #905
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify 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 M RAY

P

07/10/2007

Electronic Signature of Signing Officer or Director

Date