2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-08-2005 90042 050 ***150.00

DOCUMENT # P04000091740

1. Entity Name
SKY-HIGH CEILINGS & ACC. INC.

Principal Place of Business	Mailing Address
1206 STIRLING RD. SUITE # 4B DANIA FL 33004 US	1206 STIRLING RD. SUITE # 4B DANIA FL 33004 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/04)

4. FEI Number: 20-1328968 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SINGH, JAGDEEP
1206 STIRLING RD
SUITE #4B
DANIA FL 33004

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jagdeep Singh 4/4/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		Change / Addition
TITLE	PRES	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SINGH, JAGDEEP		NAME		
STREET ADDRESS	1206 STIRLING RD. SUITE # 4B		STREET ADDRESS		
CITY-ST-ZIP	DANIA FL 33004		CITY-ST-ZIP		
TITLE	Director	☐ Delete	TITLE		☐ Change ☑ Addition
NAME	Praveen B Jolly		NAME		
STREET ADDRESS	1206 Stirling Rd, # 4B		STREET ADDRESS		
CITY-ST-ZIP	Dania, FL 33004		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jagdeep Singh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #