2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103448

OLOVIDOME PROPERTIES INC

FILED Apr 26, 2005 Secretary of State

Entity Name: SKYDOM	ME PROPERTIES INC			
Current Principal Plac	e of Business:	New Principal Place of Business:		
3220 EAST BAY DRIVE HOLMES BEACH, FL 3	4217			
Current Mailing Address:		New Mailing Address:		
3131 CLARK ROAD SUITE 202 SARASOTA, FL 34231				
FEI Number: 20-1376033	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
HARRIS, GARY P 3131 CLARK ROAD SUITE 202 SARASOTA, FL 34231	US			
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
Election Campaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS	

Title: Title: () Delete (X) Change () Addition HYNDS, MICHAEL S HYNDS, MICHAEL S Name: Name: 618 HAMPSHIRE LANE Address: 613 NORTH POINT DRIVE Address: City-St-Zip: HOLMES BEACH, FL 34217 City-St-Zip: HOLMES BEACH, FL 34217 Title: VΡ () Delete Title: (X) Change () Addition HYNDS, DEBORAH HYNDS, DEBORAH Name: Name: Address: 618 HAMPSHIRE LANE Address: 613 NORTH POINT DRIVE HOLMES BEACH, FL 34217 HOLMES BEACH, FL 34217 City-St-Zip: City-St-Zip: Title: Title: () Change (X) Addition () Delete DIR Name: Name: HARRIS, GARY P Address: Address: 3131 CLARK ROAD SUITE 202 City-St-Zip: City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GARY PHARRIS 04/26/2005 DIR