
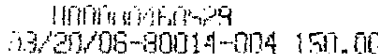
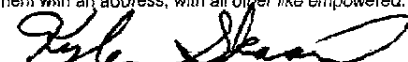


**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

<div style="display: flex; justify-content: space-between;"><div><b>DOCUMENT # P04000109553</b> 1. Entity Name <b>KYLE SKAAR PA</b></div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Principal Place of Business <b>2806 112TH TERR E PARRIS, FL 34219</b></div><div>Mailing Address <b>2806 112TH TERR E PARRIS, FL 34219</b></div></div>		<b>Secretary of State</b>  <div style="text-align: center; margin-top: 20px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><span>02212006</span><span>No Chg-P</span><span>CR2E034 (11/05)</span></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>4. FEI Number <b>20-1519577</b></div><div style="border: 1px solid black; padding: 2px;">Applied For Not Applicable</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div><b>\$8.75</b> Additional Fee Required</div></div>																																																											
<b>DO NOT WRITE IN THIS SPACE</b>																																																													
<div style="display: flex;"><div style="width:50%; border-right: 1px solid black; padding-right: 5px;"><b>6. Name and Address of Current Registered Agent</b>  <b>SKAAR, KYLE 2806 112TH TERR E PARRIS, FL 34219</b></div><div style="width:50%; text-align: center; height: 100px; vertical-align: middle;"><b>DO NOT WRITE IN THIS SPACE</b></div></div>																																																													
<b>8.</b> 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.																																																													
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE _____</div></div>																																																													
<div style="display: flex; justify-content: space-between;"><div style="width:30%; text-align: center;"><b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b></div><div style="width:30%; border: 1px solid black; padding: 5px;"><b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</div><div style="width:35%;"></div></div>																																																													
<div style="display: flex;"><div style="width:50%; border-right: 1px solid black; padding-right: 5px;"><b>10. OFFICERS AND DIRECTORS</b><table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;">TITLE</td><td style="width:10%;">P</td><td style="width:80%;">SKAAR, KYLE</td></tr><tr><td>NAME</td><td></td><td>2806 112TH TERR E</td></tr><tr><td>STREET ADDRESS</td><td></td><td>PARRIS, FL 34219</td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table></div><div style="width:50%; text-align: center; height: 100px; vertical-align: middle;"><div style="margin-bottom: 20px;"> 03/20/06-80014-004 150.00</div><b>DO NOT WRITE IN THIS SPACE</b></div></div>		TITLE	P	SKAAR, KYLE	NAME		2806 112TH TERR E	STREET ADDRESS		PARRIS, FL 34219	CITY-ST-ZIP			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP		
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<b>12.</b> I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.																																																													
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div style="text-align: center;"><b>2-21-06</b> <small>Date</small></div><div style="text-align: center;"><b>727-409-427</b> <small>Daytime Phone #</small></div></div>																																																													