

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000111772

Entity Name: SKINDRED TOURING, INC.

FILED
Feb 18, 2005
Secretary of State

Current Principal Place of Business:

4100 N. POWERLINE ROAD, SUITE U-5
POMPANO BEACH, FL 33073

New Principal Place of Business:

4100 N. POWERLINE ROAD
SUITE U-5
POMPANO BEACH, FL 33073

Current Mailing Address:

4100 N. POWERLINE ROAD, SUITE U-5
POMPANO BEACH, FL 33073

New Mailing Address:

4100 N. POWERLINE ROAD
SUITE U-5
POMPANO BEACH, FL 33073

FEI Number: 20-1456397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIELER, AARON
4100 N. POWERLINE ROAD, SUITE U-5
POMPANO BEACH, FL 33073 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEBBE, CLIVE
Address: 4100 N. POWERLINE ROAD, SUITE U-5
City-St-Zip: POMPANO BEACH, FL 33073

Title: V () Delete
Name: PUGSLEY, DANIEL
Address: 4100 N. POWERLINE ROAD, SUITE U-5
City-St-Zip: POMPANO BEACH, FL 33073

Title: T () Delete
Name: FRY, MICHAEL
Address: 4100 N. POWERLINE ROAD, SUITE U-5
City-St-Zip: POMPANO BEACH, FL 33073

Title: S () Delete
Name: GOGGIN, ARYA
Address: 4100 N. POWERLINE ROAD, SUITE U-5
City-St-Zip: POMPANO BEACH, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: AARON BIELER

RA

02/18/2005

Electronic Signature of Signing Officer or Director

_____ Date