

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90075 009 \*\*\*150.00

<b>DOCUMENT # P04000112828</b> 1. Entity Name 1ST EYE IN THE SKY INC																													
Principal Place of Business 8096 NW 96TH TERR., #208 TAMARAC, FL 33321			Mailing Address 8096 NW 96TH TERR., #208 TAMARAC, FL 33321																										
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>90-0191238</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				20013942  % F , 0 , , ; - - . 4 . 4 F &																									
6. Name and Address of Current Registered Agent  SCHNITZER, GERALD S 2455 E SUNRISE BLVD SUITE 502 FT LAUDERDALE, FL 33304			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 30%;">D</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BONADONNA, JAMES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8096 NW 95TH TERR., #208</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TAMARAC, FL 33321</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	BONADONNA, JAMES		STREET ADDRESS	8096 NW 95TH TERR., #208		CITY - ST - ZIP	TAMARAC, FL 33321		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 30%;"></td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</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>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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:** James Bonadonna - James Bonadonna      Date 2-16-05      Daytime Phone # 954-709-7971

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