

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90020 016 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                    |                                                                |                                                                                          |                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------|
| <b>DOCUMENT # P04000120473</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                                                                    |                                                                |         |                                   |
| 1. Entity Name<br>SKYWATCHER PRODUCTIONS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                                                                    |                                                                |                                                                                          |                                   |
| Principal Place of Business<br>6120 SE FEDERAL HIGHWAY<br>STUART, FL 34997                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                                                                                    | Mailing Address<br>6120 SE FEDERAL HIGHWAY<br>STUART, FL 34997 |                                                                                          |                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       | 3. Mailing Address                                                                 |                                                                |                                                                                          |                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | Suite, Apt. #, etc.                                                                |                                                                |                                                                                          |                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       | City & State                                                                       |                                                                |                                                                                          |                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country               | Zip                                                                                | Country                                                        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                   |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                    | 7. Name and Address of New Registered Agent                    |                                                                                          |                                   |
| ROBERTS, KEITH<br>5129 SE LOST LAKE WAY<br>HOBE SOUND, FL 33455                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                    | 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                                                                    |                                                                |                                                                                          |                                   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |                                                                | \$5.00 May Be Added to Fees                                                              |                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11          |                                                                                          |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PTD                   | <input type="checkbox"/> Delete                                                    | TITLE                                                          | <input type="checkbox"/> Change                                                          | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ROBERTS, KEITH        |                                                                                    | NAME                                                           |                                                                                          |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5129 SE LOST LAKE WAY |                                                                                    | STREET ADDRESS                                                 |                                                                                          |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | HOBE SOUND, FL 33455  |                                                                                    | CITY-ST-ZIP                                                    |                                                                                          |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VSD                   | <input type="checkbox"/> Delete                                                    | TITLE                                                          | <input type="checkbox"/> Change                                                          | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ROBERTS, KATHLEEN     |                                                                                    | NAME                                                           |                                                                                          |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5129 SE LOST LAKE WAY |                                                                                    | STREET ADDRESS                                                 |                                                                                          |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | HOBE SOUND, FL 33455  |                                                                                    | CITY-ST-ZIP                                                    |                                                                                          |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       | <input type="checkbox"/> Delete                                                    | TITLE                                                          | <input type="checkbox"/> Change                                                          | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                                                                    | NAME                                                           |                                                                                          |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                                                                    | STREET ADDRESS                                                 |                                                                                          |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                                                                                    | CITY-ST-ZIP                                                    |                                                                                          |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       | <input type="checkbox"/> Delete                                                    | TITLE                                                          | <input type="checkbox"/> Change                                                          | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                                                                    | NAME                                                           |                                                                                          |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                                                                    | STREET ADDRESS                                                 |                                                                                          |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                                                                                    | CITY-ST-ZIP                                                    |                                                                                          |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       | <input type="checkbox"/> Delete                                                    | TITLE                                                          | <input type="checkbox"/> Change                                                          | <input type="checkbox"/> 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: <i>Keith Roberts</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | KEITH ROBERTS                                                                      |                                                                | March 10, 2005 772-220-9423                                                              |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | Date                                                                               |                                                                | Daytime Phone #                                                                          |                                   |

66009239



02122005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1528457 Applied For Not Applicable