06-18-2007 90003 029 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 AUG 31 AM 10: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000121218

1. Entity Name
SKYLINE INVESTMENT PROPERTIES INC

New Address

Principal Place of Business	Mailing Address
~~222 S WESTMONTE DR SUITE 201 ALTAMONTE SPRINGS, FL 32714~~ 1421 Suzanne Way Longwood, FL 32779	1421 SUZANNE WAY LONGWOOD, FL 32779

05032007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 1421 Suzanne Way	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State Longwood, FL	City & State
Zip 32779 Country Seminole	Zip Country

4. FEI Number 20-1518113 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OCONNELL, WILLIAM H 2200 N PONCE DE LEON BLVD SUITE 10 ST AUGUSITNE, FL 32084	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
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAWILL, LILIAN M 1421 SUZANNE WAY LONGWOOD, FL 32779	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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.

SIGNATURE: [signature] 6/10/07 407-869-8826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
40121022
#P04000047878

Ms. Marquitta Williams, Document Specialist
To: Florida Department of State
Division of Corporations

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From: Lilian Tawil / Skyline Investment Properties, Inc
(407) 869-8826
Date: 6/10/07

Subject - Skyline Investment Properties, Inc FEI 20-1518113
Ref Number P04000121218
Re Letter Number 407A00030933

This letter is to inform you that I never received the notice, invoice or card you mentioned. However on April 30. I was talking to some people basically an accountant & he mentioned that day was deadline to pay. Right away I called your office to inform you that I never received any card. Tried to download form on April 30, 2007 & I couldn't for six hours. You mentioned the computer is down.

I'm enclosing #150.00 check for renewal. Please if you can waive the #400.00 fees I would really appreciate it. As you know as soon as I knew I tried all day to pay it on 4/30/07 & you said you cannot accept it. Thank you