

## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000148679

Entity Name: BLUE SKY TRAVEL & TOURS, INC.

FILED  
Nov 18, 2005  
Secretary of State

### Current Principal Place of Business:

2780 SE MORNINGSSIDE BLVD  
PORT ST LUCIE, FL 34952 US

### New Principal Place of Business:

731 CARNIVAL AVE  
PORT ST LUCIE, FL 34983 US

### Current Mailing Address:

2780 SE MORNINGSSIDE BLVD  
PORT ST LUCIE, FL 34952 US

### New Mailing Address:

731 CARNIVAL AVE  
PORT ST LUCIE, FL 34983 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

### Name and Address of Current Registered Agent:

COURTACCESS CENTERS OF AMERICA, INC.  
3249 W CYPRESS ST.  
SUITE C  
TAMPA, FL 33607 US

### Name and Address of New Registered Agent:

BOB STACKELBECK  
4 SUNSET DR  
SEBASTIAN, FL 32958 US

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: BOB STACKELBECK

11/18/2005

Electronic Signature of Registered Agent

Date

### OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CIRAULO, THOMAS  
Address: 6311 FAIRVIEW AVE. #220  
City-St-Zip: WESTMONT, IL 60559

Title: VD ( ) Delete  
Name: KUIPER, RICHARD  
Address: 2780 SE MORNINGSSIDE BLVD  
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: TD (X) Delete  
Name: ROGERS, JOHN P  
Address: 6311 FAIRVIEW AVE. #220  
City-St-Zip: WESTMONT, IL 60559

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: STACKELBECK, BOB  
Address: 4 SUNSET DR  
City-St-Zip: SEBASTIAN, FL 32958

Title: VP (X) Change ( ) Addition  
Name: KUIPER, RICHARD  
Address: 2780 SE MORNINGSSIDE BLVD  
City-St-Zip: PORT ST LUCIE, FL 34952 US

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: BOB STACKELBECK

CEO

11/18/2005

Electronic Signature of Signing Officer or Director

Date