## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000148679

Entity Name: BLUE SKY TRAVEL & TOURS, INC.

FILED Aug 18, 2006 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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1374 SE HUFFMAN RD 1735 CURLEW CT

US US PORT ST LUCIE, FL 34952 ROCKLEDGE, FL 32955

**Current Mailing Address: New Mailing Address:** 

1374 SE HUFFMAN RD 1735 CURLEW CT

PORT ST LUCIE, FL 34952 US ROCKLEDGE, FL 32955 US

FEI Number: 87-0765523 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KUIPER, RICHARD STACKELBECK, ROBERT 705 SW TULIP BLVD 1735 CURLEW CT

PORT ST LUCIE, FL 34953 ROCKLEDGE, FL 32955 US 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: ROBERT STACKELBECK 08/18/2006

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO ( ) Delete Title: (X) Change ( ) Addition

URBAN, RICHARD B STACKELBECK, ROBERT Name: Name: 120 NW AVENS ST 1735 CURLEW CT Address: Address:

City-St-Zip: PORT ST LUCIE, FL 34983 City-St-Zip: ROCKLDEGE, FL 32955 US

VΡ Title: VΡ Title: () Delete (X) Change ( ) Addition Name: KUIPER, RICHARD Name:

MC CROEY, STEVEN 705 SW TULIP BLVD 3007 PANAOLA RD STE C-157 Address: Address: PORT ST LUCIE, FL 34953 US LITHONIA, GA 30038 US City-St-Zip: City-St-Zip:

Title: ( ) Change (X) Addition Title: () Delete

CHAVOITA, WILLIAMS Name: Name: 3007 PANAOLA RD C-157 Address Address: City-St-Zip: City-St-Zip: LITHONIA, GA 30038 US

Title: () Delete Title: ( ) Change (X) Addition

ICELYN MC CLEAN-GRAY, Name: Name: Address: Address: 961 FULTON WAY City-St-Zip: City-St-Zip: SEBASTIAN, FL 32958 US

Title: Title: ( ) Change (X) Addition ( ) Delete

Name: Name: ANTHONY, HATCHER

Address: Address: 5 DIXIE LANE

ROCKLDEGE, FL 32955 US City-St-Zip: City-St-Zip:

Title: () Delete Title: ( ) Change (X) Addition

BARON, DORSEY Name: Name: 14 JOST MANOR CT Address: Address: City-St-Zip: City-St-Zip: FLORISSANT, MO 63034 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROBERT STACKELBECK **CFO** 08/18/2006

Electronic Signature of Signing Officer or Director

Date