

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000148679

FILED
Oct 04, 2006
Secretary of State**Entity Name:** BLUE SKY TRAVEL & TOURS, INC.**Current Principal Place of Business:**1735 CURLEW CT
ROCKLEDGE, FL 32955 US**New Principal Place of Business:**1374 SE HOFFMAN ROAD
PORT ST. LUCIE, FL 34952 US**Current Mailing Address:**1735 CURLEW CT
ROCKLEDGE, FL 32955 US**New Mailing Address:**1374 SE HOFFMAN ROAD
PORT ST. LUCIE, FL 34952 US**FEI Number:** 87-0765523**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**STACKELBECK, ROBERT
1735 CURLEW CT
ROCKLEDGE, FL 32955 US**Name and Address of New Registered Agent:**KUIPER, RICHARD
705 SW TULIP BOULEVARD
PORT ST. LUCIE, FL 34953 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: RICHARD KUIPER

10/04/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** CFO () Delete
Name: STACKELBECK, ROBERT
Address: 1735 CURLEW CT
City-St-Zip: ROCKLEDGE, FL 32955 US**Title:** VP () Delete
Name: MC CROEY, STEVEN
Address: 3007 PANAOLA RD STE C-157
City-St-Zip: LITHONIA, GA 30038 US**Title:** VP (X) Delete
Name: CHAVOITA, WILLIAMS
Address: 3007 PANAOLA RD C-157
City-St-Zip: LITHONIA, GA 30038 US**Title:** VP (X) Delete
Name: ICELYN MC CLEAN-GRAY,
Address: 961 FULTON WAY
City-St-Zip: SEBASTIAN, FL 32958 US**Title:** VP (X) Delete
Name: ANTHONY, HATCHER
Address: 5 DIXIE LANE
City-St-Zip: ROCKLEDGE, FL 32955 US**Title:** VP (X) Delete
Name: BARON, DORSEY
Address: 14 JOST MANOR CT
City-St-Zip: FLORISSANT, MO 63034 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** CEO (X) Change () Addition
Name: URBAN, RICHARD B
Address: 120 NW AVENS STREET
City-St-Zip: PORT ST. LUCIE, FL 34983 US**Title:** VP (X) Change () Addition
Name: KUIPER, RICHARD
Address: 705 SW TULIP BOULEVARD
City-St-Zip: PORT ST. LUCIE, FL 34953 US**Title:** () Change () Addition
Name:
Address:
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City-St-Zip:**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 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: RICHARD KUIPER

VP

10/04/2006

Electronic Signature of Signing Officer or Director

Date