## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000149544

Entity Name: SKS OFFICE CONDOMINIUMS INC

FILED Apr 13, 2006 Secretary of State

Entity Name: SKS OFFICE CONDOMINIOMS, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
	ST PALMETTO TON, FL 3343	PARK ROAD STE 203 3			
Current Mailing Address:			New Mailing Address:		
	ST PALMETTO TON, FL 3343	PARK ROAD STE 203 3			
FEI Number	: 20-1824989	FEI Number Applied For()	FEI Number Not Applicab	ole ( ) Certificate of Status Desired ( )	
Name and	l Address of C	urrent Registered Agent:	Name and Ad	dress of New Registered Agent:	
1201 HAY	ATION SERVIO S STREET SSEE, FL 323				
	e named entity : e of Florida.	submits this statement for the	ourpose of changing its re	egistered office or registered agent, or both,	
SIGNATU	RE:				
	Electror	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	KONOVER, SIN	LMETTO PARK ROAD, SUITE 203	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	COMBS, GREG	LMETTO PARK ROAD, SUITE 203	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SHAPIRO, ROE	LMETTO PARK ROAD, SUITE 203	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	COPPA, DAVID	LMETTO PARK ROAD, SUITE 203	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	Т (	Delete	Title: T	(X) Change ( ) Addition	

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.

Name:

Address:

VACANT, POSITION

City-St-Zip: BOCA RATON, FL 33433

7000 WEST PALMETTO PARK ROAD, SUITE 203

SIGNATURE: GREGORY V COMBS PRES 04/13/2006

MIRRIONE, KRISTEN

City-St-Zip: BOCA RATON, FL 33433

7000 WEST PALMETTO PARK ROAD, SUITE 203

Name:

Address: