2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# P05000021086

Entity Name: SKILLZ UNLIMITED, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
649 WEST OAKLAND PARK BLVD 106A OAKLAND PARK, FL 33311	

Current Mailing Address:	**New Mailing Address:**
649 WEST OAKLAND PARK BLVD 106A OAKLAND PARK, FL 33311	

FEI Number: 20-2299901   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
MCCLAIN GROUP, INC. 1724 NW 7 ST FORT LAUDERDALE, FL 33311 US	OLVERA, ROBIN L MS. 649 W. OAKLAND PARK BLVD 106A OAKLAND PARK, FL 33311 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: ROBIN L. OLVERA   04/17/2006
_____   _____
            Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD ( ) Delete	Title: ( ) Change ( ) Addition
Name:	OLVERA, ROBIN	Name:
Address:	649 WEST OAKLAND PARK BLVD	Address:
City-St-Zip:	OAKLAND PARK, FL 33311	City-St-Zip:

Title:	VPD ( ) Delete	Title: ( ) Change ( ) Addition
Name:	BOOTHE, GEORGE	Name:
Address:	649 WEST OAKLAND PARK	Address:
City-St-Zip:	OAKLAND PARK, FL 33311	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: ROBIN L. OLVERA   PD   04/17/2006
_____   _____
            Electronic Signature of Signing Officer or Director   Date