


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 07, 2006 8:00 am**  
**Secretary of State**

08-07-2006 90041 030 \*\*\*150.00

<b>DOCUMENT # P05000022600</b> 1. Entity Name <b>BLUE SKY FARMS, INC.</b>					
Principal Place of Business <b>19700 SW 302 STREET HOMESTEAD, FL 33030</b>			Mailing Address <b>19700 SW 302 STREET HOMESTEAD, FL 33030</b>		
2. Principal Place of Business <b>30655 SW 188 Ct</b> Suite, Apt. #, etc.		3. Mailing Address <b>30655 SW 188 Ct</b> Suite, Apt. #, etc.		<b>50024421</b> 	
City & State <b>Homestead FL</b> Zip Country <b>33030 DADE</b>		City & State <b>Homestead FL</b> Zip Country <b>33030 DADE</b>		4. FEI Number <b>20 - 2320189</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				07252006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>HILSON, STEPHEN 19700 SW 302 STREET HOMESTEAD, FL 33030</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>30655 SW 188 Ct</b> City <b>Homestead</b> <b>FL</b> Zip Code <b>33030</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P HILSON, STEPHEN 19700 SW 302 STREET HOMESTEAD, FL 33030</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>30655 SW 188 Ct Homestead, FL 33030</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST HILSON, KIMBERLY 19700 SW 302 STREET HOMESTEAD, FL 33030</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>30655 SW 188 Ct Homestead FL 33030</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>Kimberly Hilson</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>8/4/06 3052472334</b> <small>Date Daytime Phone #</small>		