


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90190 042 \*\*\*150.00

<b>DOCUMENT # P05000034011</b> <b>1. Entity Name</b> <b>RK BLUE SKY, INC.</b>																											
<b>Principal Place of Business</b> <b>6248 FINE STREET</b> <b>WEEKI WACHEE FL 34607</b> <b>US</b>		<b>Mailing Address</b> <b>6248 FINE STREET</b> <b>WEEKI WACHEE FL 34607</b> <b>US</b>																									
<b>2. Principal Place of Business</b> <b>2280 Lema Drive</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> <b>2280 Lema Drive</b> Suite, Apt. #, etc.																									
<b>City &amp; State</b> <b>Spring Hill, FL</b> <b>Zip 34609</b> <b>Country USA</b>		<b>City &amp; State</b> <b>Spring Hill, FL</b> <b>Zip 34609</b> <b>Country USA</b>																									
<b>4. FEI Number</b> <b>20-2445046</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable																									
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																									
<b>6. Name and Address of Current Registered Agent</b>  <b>M &amp; L ACCOUNTING OFFICE, INC.</b> <b>1389 HAULOVER AVENUE</b> <b>SPRING HILL FL 34608</b>		<b>7. Name and Address of New Registered Agent</b> <b>Name</b> <b>M + L Accounting Office, Inc.</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>5327 Commercial Way, D-120</b> <b>City</b> <b>Spring Hill, FL</b> <b>Zip Code</b> <b>34606</b>																									
<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.</b>																											
<b>SIGNATURE</b> _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reconstituting)</small> <b>DATE</b> _____																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing</b> <b>\$5.00 May Be</b> <b>Trust Fund Contribution.</b> <input type="checkbox"/> <b>Added to Fees</b>																									
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P,D</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCCLOUD, KATHLEEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6248 FINE STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEEKI WACHEE FL 34608</td> <td></td> </tr> </table>	TITLE	P,D	<input type="checkbox"/> Delete	NAME	MCCLOUD, KATHLEEN		STREET ADDRESS	6248 FINE STREET		CITY-ST-ZIP	WEEKI WACHEE FL 34608		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P,D</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Gosline, Kathleen</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2280 Lema Drive</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Spring Hill, FL 34609</td> <td></td> </tr> </table>			TITLE	P,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Gosline, Kathleen		STREET ADDRESS	2280 Lema Drive		CITY-ST-ZIP	Spring Hill, FL 34609	
TITLE	P,D	<input type="checkbox"/> Delete																									
NAME	MCCLOUD, KATHLEEN																										
STREET ADDRESS	6248 FINE STREET																										
CITY-ST-ZIP	WEEKI WACHEE FL 34608																										
TITLE	P,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME	Gosline, Kathleen																										
STREET ADDRESS	2280 Lema Drive																										
CITY-ST-ZIP	Spring Hill, FL 34609																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">S,T</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCCLOUD, KATHLEEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6248 FINE STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEEKI WACHEE FL 34607</td> <td></td> </tr> </table>	TITLE	S,T	<input type="checkbox"/> Delete	NAME	MCCLOUD, KATHLEEN		STREET ADDRESS	6248 FINE STREET		CITY-ST-ZIP	WEEKI WACHEE FL 34607		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">S,T</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Gosline, Kathleen</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2280 Lema Drive</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Spring Hill, FL 34609</td> <td></td> </tr> </table>			TITLE	S,T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Gosline, Kathleen		STREET ADDRESS	2280 Lema Drive		CITY-ST-ZIP	Spring Hill, FL 34609	
TITLE	S,T	<input type="checkbox"/> Delete																									
NAME	MCCLOUD, KATHLEEN																										
STREET ADDRESS	6248 FINE STREET																										
CITY-ST-ZIP	WEEKI WACHEE FL 34607																										
TITLE	S,T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME	Gosline, Kathleen																										
STREET ADDRESS	2280 Lema Drive																										
CITY-ST-ZIP	Spring Hill, FL 34609																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">VP,D</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GOSLINE, RONALD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6248 FINE STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEEKI WACHEE FL 34607</td> <td></td> </tr> </table>	TITLE	VP,D	<input type="checkbox"/> Delete	NAME	GOSLINE, RONALD		STREET ADDRESS	6248 FINE STREET		CITY-ST-ZIP	WEEKI WACHEE FL 34607		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">VP,D</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Gosline, Ronald</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2280 Lema Drive</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Spring Hill, FL 34609</td> <td></td> </tr> </table>			TITLE	VP,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Gosline, Ronald		STREET ADDRESS	2280 Lema Drive		CITY-ST-ZIP	Spring Hill, FL 34609	
TITLE	VP,D	<input type="checkbox"/> Delete																									
NAME	GOSLINE, RONALD																										
STREET ADDRESS	6248 FINE STREET																										
CITY-ST-ZIP	WEEKI WACHEE FL 34607																										
TITLE	VP,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME	Gosline, Ronald																										
STREET ADDRESS	2280 Lema Drive																										
CITY-ST-ZIP	Spring Hill, FL 34609																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Kathleen Gosline    Kathleen Gosline    4-24-06    352-238-3463  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #