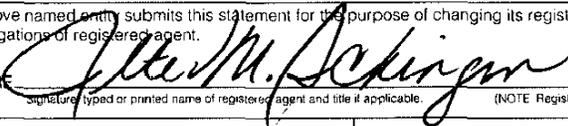
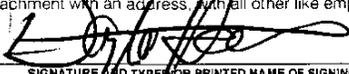


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90035 038 \*\*\*158.75

DOCUMENT # P05000056200			
1. Entity Name SKYTEK COMMUNICATIONS CORP			
Principal Place of Business 1809 STERLING PALMS CT. UNIT 202 BRANDON, FL 33511 US		Mailing Address 1809 STERLING PALMS CT. UNIT 202 BRANDON, FL 33511 US	
2. Principal Place of Business 2464 ST JOHNS LANE Suite, Apt. #, etc.		3. Mailing Address 2464 ST JOHNS LANE Suite, Apt. #, etc.	
City & State MELBOURNE FL		City & State MELBOURNE FL	
Zip 32935	Country	Zip 32935	Country
6. Name and Address of Current Registered Agent COMPIERCHIO, JOSEPHINE D 1809 STERLING PALMS CT. UNIT 202 BRANDON, FL 33511		4. FEI Number 20-2692407	
		Applied For Not Applicable	
		5. Certificate of Status Desired. <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name PETER SCHINGEN Street Address (P.O. Box Number is Not Acceptable) 2464 ST. JOHNS LANE City MELBOURNE FL Zip Code 32935		01172006 Chg-P CR2E034 (11/05)	
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 		DATE 1/17/06	
SIGNATURE typed or printed name of registered agent and title if applicable.		(NOTE Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO HATTAN, DONY F 1809 STERLING PALMS CT. UNIT 202 BRANDON, FL 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR OF BUSINESS DEVELOPMENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTO GAY, HUMBERTO 1807 STERLING PALMS CT. UNIT 102 BRANDON, FL 33511 <input checked="" 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	CEO PETER SCHINGEN 2464 ST. JOHNS LANE MELBOURNE FL 32935 <input type="checkbox"/> Change <input checked="" 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: 		SIGNATURE typed or printed name of signing officer or director DONY F. HATTAN 1/17/06 813-748-4276	
		Date Daytime Phone #	