

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90098 038 \*\*\*150.00

<b>DOCUMENT # P05000097911</b> 1. Entity Name <b>UNDER SKY TRANSPORTATION INC</b>			
Principal Place of Business <b>9715 SIDNEY HAYES RD ORLANDO, FL 32824 US</b>		Mailing Address <b>5492 LAKE MARGARET DR # 1817 ORLANDO, FL 32812 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>5204 LAKE MARGARET DR # 1404</b>	
City & State <b>ORLANDO, FL</b>		City & State <b>ORLANDO, FL</b>	
Zip <b>32812</b>	Country <b>US</b>	4. FFI Number <b>203116988</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ESPEJO, FERNANDO 5492 LAKE MARGARET DR #1817 ORLANDO, FL 32812</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>ESPEJO, FERNANDO</b> <input type="checkbox"/> Delete STREET ADDRESS <b>5492 LAKE MARGARET DR #1817</b> CITY-ST-ZIP <b>ORLANDO, FL 32812</b>	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE <b>VP</b> <input type="checkbox"/> Delete NAME <b>PUJOLS, RUBEN</b> STREET ADDRESS <b>5492 LAKE MARGARET DR #1817</b> CITY-ST-ZIP <b>ORLANDO, FL 32812</b>	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE <b>T</b> <input type="checkbox"/> Delete NAME <b>PUJOLS, RAQUEL</b> STREET ADDRESS <b>5492 LAKE MARGARET DR #1817</b> CITY-ST-ZIP <b>ORLANDO, FL 32812</b>	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
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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: <u><i>Fernando Espejo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>3/31/06</u> <small>Date Daytime Phone #</small>	

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