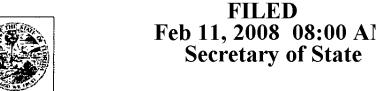
2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # P05000133409 1. Entity Name SKYTALK COMMUNICATIONS INC



SKTTALK COMMUNICATIONS INC.										
Puncipal Plac	e of Business	Mailing Artoress			-					
2500 E. HALLANDALE BEACH BLVD, SUITE HALLANDALE BEACH FL 33009		2500 E. HALLANDALE BEACH BLVD, SUITE HALLANDALE BEACH FL 33009								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			- 'II			1 11144 81811 81		i ii i es)
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/07)					
City & State		City & State			4. FEI Numb	4. FEI Number 75-3207265 Applied For Not Applied				
Zıp	Country	Zip Coun		itry	5. Certificat	X	\$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent			7. Name an	d Address of New R	egistered .	Agent		
				Name						
250	NAL, RICARDO J O E. HALLANDALE BEACH I LLANDALE BEACH FL 33009	1 2011 E 800 1		(P.O. Box Number is Not Acceptable)						
				City			FL	Zip (Code	•
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	t ed office or register	red agent, or b	oth, in the State of Flo	rida. Lam	familiar v	with, an	d accept
SIGNATURE .	Signature, typed or mentod types of registered hopy of	nid (Fe Lampicacio). (NOTI	E Fegistrie	a Agert agginiture require:	o walen rongaling)		DATE:			
After	ILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be \$550.00 Payable to Florida Department of					9. Election Campa Trust Fund Cont		<u> </u>	\$5.00 Added 1	May Be o Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	S/CHANGES TO OFFI	CERS AND	DIRECT	rors II	V 11
TITLE	CEOD	☐ Delete	TITLE	:				☐ Chan	nge [Addition
NAME CANAL, RICARDO J		NAME		E						
STREET ADDRESS CITY+ST-7IP	2500 E. HALLANDALE BEACH BLY HALLANDALE BEACH FL 33009	/D, SUITE 800	1	FT ADDRESS -ST-ZIP			- 4+-+-+			
TITLE		☐ Delete	TITLE			00000082 02/20/08-80	24622 3000 n	, 🔲 Gran	ا _م جود	Addition
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STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-SI-ZIP						
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NAME			NAME							
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NAME			NAME	[
STREET ADDRESS			STREE	ET ADDRESS						
CITY-ST-ZIP			CITY-	-ST-ZIP						
TITLE		☐ Defete	TITLE					☐ Chan	ige [Addition
NAME			NAME	£						
STREET ADDRESS			STREI	ET ADDRESS						
CITY-ST-ZIP			CITY -	-ST-ZIP						
12. I hereby o	certify that the information supplied with	this filing does not qualify f	or the ex	ernotions containe	nd in Section 11	19 Florida Statutes 1	further cer	tify that *	he info	rmation

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 eath; 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 authorise, with all other like empowered. RICARDO J. CANAL

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-889-0904