

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000047243

FILED  
Sep 10, 2007  
Secretary of State

Entity Name: SKILL ENTERTAINMENT GROUP, INC.

## Current Principal Place of Business:

18331 PINES BLVD #188  
PEMBROKE PINES, FL 33029

## New Principal Place of Business:

## Current Mailing Address:

18331 PINES BLVD #188  
PEMBROKE PINES, FL 33029

## New Mailing Address:

FEI Number: 45-0542362

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SKILLING, CRAIG  
18331 PINES BLVD #188  
PEMBROKE PINES, FL 33029 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SKILLING, CRAIG  
Address: 18331 PINES BLVD #188  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: SKILLING, PETE  
Address: 5291 NW 117TH AVE  
City-St-Zip: CORAL SPRINGS, FL 33029 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETE SKILLING

D

09/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date