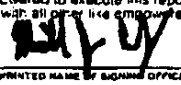


FILED

Jul 02, 2007 8:00 am
Secretary of State

05-17-2007 90035 014 ***150.00

Rx Date/Time APR-27-2007(FRI) 14:37 772467
Apr 27 07 02:31p Daniel DeJulio, CPA Charte 7724**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000095645			
1. Entity Name SKYLINE ENGINEERING & CONSTRUCTION, INC.			
Principal Place of Business 7003 BROOKLINE AVE FT PIERCE, FL 34951		Mailing Address 7003 BROOKLINE AVE FT PIERCE, FL 34951	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-2411480		Applied For ☐ Not Applicable	
5. Certificate of Status Desires ☐ \$8.75 Additional Fee Required		04272007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent EDGERLY, MICHAEL 7003 BROOKLINE AVE FT PIERCE, FL 34951		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature required for all entities of registered agents and for all amendments (A.D.T. Registered Agent Signature required when new change) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$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	PVST EDGERLY, MICHAEL 7003 BROOKLINE AVE FT PIERCE, FL 34951 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDGERLY, MICHAEL 7003 BROOKLINE AVE FT PIERCE, FL 34951 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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; and changed, or on an attachment with an address, with all other like empowereed.			
SIGNATURE: 		Date: 4/30/2007 7724291000 Daytime Phone	

66019985

