

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000123960

Entity Name: SKY CONCEPTS, INC.

FILED
Apr 02, 2007
Secretary of State

Current Principal Place of Business:

280 WEKIVA SPRINGS ROAD
SUITE 103
LONGWOOD, FL 32779

New Principal Place of Business:

310 WINDCHASE BLVD
STE 1030
SANFORD, FL 32773

Current Mailing Address:

280 WEKIVA SPRINGS ROAD
SUITE 103
LONGWOOD, FL 32779

New Mailing Address:

134 WATSON DR
BREMEN, GA 30110

FEI Number: 56-2613789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HESTER, MONICA
280 WEKIVA SPRINGS ROAD
SUITE 103
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

HESTER, MONICA
310 WINDCHASE BLVD
STE 1030
SANFORD, FL 32773 US

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: MONICA HESTER

04/02/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HESTER, MONICA
Address: 280 WEKIVA SPRINGS ROAD #103
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HESTER, MONICA
Address: 310 WINDCHASE BLVD STE 1030
City-St-Zip: SANFORD, FL 32773

I hereby certify that the information supplied with this filing does not qualify for the 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: MONICA HESTER

PRES

04/02/2007

Electronic Signature of Signing Officer or Director

Date