

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000147577

FILED
Jan 07, 2008
Secretary of State

Entity Name: BLUE SKY COMMERCIAL FUNDING INCORPORATED

Current Principal Place of Business:

5400 S. UNIVERSITY DRIVE
SUITE 117
DAVIE, FL 33328 US

New Principal Place of Business:

5400 S. UNIVERSITY DRIVE
SUITE 102
DAVIE, FL 33328 US

Current Mailing Address:

5400 S. UNIVERSITY DRIVE
SUITE 117
DAVIE, FL 33328 US

New Mailing Address:

5400 S. UNIVERSITY DRIVE
SUITE 102
DAVIE, FL 33328 US

FEI Number: 20-8007726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHORR, LINDA C PRES
3871 OTTAWA LANE
COOPER CITY, FL 33026 US

Name and Address of New Registered Agent:

SHORR, LINDA C PRES
5400 S. UNIVERSITY DRIVE
SUITE 102
DAVIE, FL 33328 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: LINDA SHORR

01/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHORR, LINDA
Address: 3871 OTTAWA LANE
City-St-Zip: COOPER CITY, FL 33026 US

Title: VP () Delete
Name: SHORR, MARK
Address: 3871 OTTAWA LANE
City-St-Zip: COOPER CITY, FL 33026 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHORR, LINDA
Address: 5400 S. UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33328 US

Title: VP (X) Change () Addition
Name: SHORR, MARK
Address: 5400 S. UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33328 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: LINDA SHORR

PRES

01/07/2008

Electronic Signature of Signing Officer or Director

Date