2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000026686

Entity Name: SKYLINE MORTGAGE & INVESTMENTS, INC

FILED May 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

426 S.W 8 STREET 645 S.W 7 COURT SUITE#7 MIAMI, FL 33130 MIAMI, FL 33130

New Mailing Address: Current Mailing Address:

426 S.W 8 STREET 645 S.W 7 COURT SUITE#7 MIAMI, FL 33130 MIAMI, FL 33130

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MONTOYA, LILIANA PRESIDE MONTOYA, LILIANA 645 SW 7 COURT **426 S.W 8 STREET** SUITE#7 MIAMI, FL 33130 US MIAMI, FL 33130 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: LILIANA MONTOYA 05/01/2008

> 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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

LILIANA, MONTOYA LILIANA, MONTOYA Name: Name: 645 SW 7 COURT 426 S.W 7 COURT Address: Address: City-St-Zip: MIAMI, FL 33130 City-St-Zip: MIAMI, FL 33130

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.

Ρ SIGNATURE: LILIANA MONTOYA 05/01/2008