2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000080791

City-St-Zip:

GAINESVILLE, FL 32608 US

FILED Mar 24, 2009 Secretary of State

Entity Name: BLUE SKY RESTAURANT GROUP, INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
SUITE 2	ITH STREET LE, FL 32608	US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
SUITE 3	23RD AVENUE LE, FL 32606	US	3117 SW 34TH ST SUITE 2 GAINESVILLE, FL 32608	3 US	
FEI Number: 2	26-0532132	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
SMITH, DALE C 6904 S.W. 35TH WAY GAINESVILLE, FL 32608 US			BRAUND, GORDON L 4406 SW 50TH STREET GAINESVILLE, FL 32608	BRAUND, GORDON L 4406 SW 50TH STREET GAINESVILLE, FL 32608 US	
The above n	named entity sub of Florida.	mits this statement for the pur	rpose of changing its registered o	ffice or registered agent, or both,	
SIGNATURE: GORDON L BRAUND				03/24/2009	
Electronic Signature of Registered Agent			t	Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Address:	P () De BRAUND, GORDO 4406 S.W. 50TH S GAINESVILLE, FL	N L JR. TREET	Title: () Name: Address: City-St-Zip:	Change () Addition	
Name: Address:	VP () De DAVIS, MICHAEL S 3757 S.W. 4TH PL GAINESVILLE, FL	S ACE	Title: () Name: Address: City-St-Zip:	Change () Addition	
Name:	SEC (X) De SMITH, DALE C 6904 S.W. 35TH W		Title: () Name: Address:	Change () Addition	

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.

City-St-Zip:

SIGNATURE: GORDON L BRAUND Ρ 03/24/2009