## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000059321

Entity Name: SKY SERVICE LIFEGUARD, INC.

FILED May 05, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
	ON ROAD			
290 MIAMI BE <i>l</i>	ACH, FL 33139	9 US		
Current Mailing Address:		New Mailing Add	New Mailing Address:	
	N AV. GAL DEPARTM , QC H9P1A2	IENT CA		
FEI Number	r: 65-0443658	FEI Number Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )
Name and	d Address of C	urrent Registered Agent:	Name and Addre	ess of New Registered Agent:
The above	ACH, FL 33139 e named entity se of Florida.		purpose of changing its regis	stered office or registered agent, or both,
SIGNATU	RE:			
	Electron	nic Signature of Registered A્	gent	Date
	nce with s. 607.19	3(2)(b), F.S., the corporation did i		Date
Election Ca	nce with s. 607.19	3(2)(b), F.S., the corporation did r g Trust Fund Contribution ( ).	not receive the prior notice.	
Election Cal OFFICER Title: Name: Address:	mpaign Financing S AND DIREC  D/C CASGRAIN, TIN 6120 MIDFIELD	3(2)(b), F.S., the corporation did ing Trust Fund Contribution ( ). TORS:  Delete	not receive the prior notice.	<del></del>
Election Ca	nce with s. 607.19 mpaign Financing S AND DIREC  D/C  CASGRAIN, TIM 6120 MIDFIELD MISSISSSAUG,  D/P  RUSSELL, PAY 6120 MIDFIELD	3(2)(b), F.S., the corporation did ing Trust Fund Contribution ( ). TORS:  Delete  ROAD A., ON L5P 1B1 CA	not receive the prior notice.  ADDITIONS/CHA  Title: Name: Address: City-St-Zip:  Title: DCT Name: RUSS Address: 6120 N	ANGES TO OFFICERS AND DIRECTOR
Election Cal OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	nce with s. 607.19 mpaign Financing S AND DIREC  D/C  CASGRAIN, TIM 6120 MIDFIELE MISSISSSAUG/ D/P  RUSSELL, PAY 6120 MIDFIELE MISSISSAUGA,	3(2)(b), F.S., the corporation did ing Trust Fund Contribution ( ). TORS: Delete ROAD A., ON L5P 1B1 CA ROAD O ROAD O ROAD ON L5P 1B1 CA	not receive the prior notice.  ADDITIONS/CHA  Title: Name: Address: City-St-Zip:  Title: DCT Name: RUSS Address: 6120 N	ANGES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition  (X) Change ( ) Addition  ELL, PAYSON MIDFIELD ROAD

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: CATHERINE DUFF-CARON S 05/05/2008