2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Thomas Kewller

SIGNATURE:

DOCUI	MENT # P930000791	···	•		Feb 20, 2006 08:00 AN Secretary of State	1	
SKM, INC.							
Principal Place	e of Susiness	- Mailing Address					
611 DRNIO RD E STE 403 CLEARWATER FL 33756		611 DRNIO RD E STE 403 CLEARWATER FL 33756				F	
GEEARWATERT E 55750		ับร					
2. Principal P	lace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/05)		
City & State		City & State			4. FEI Number 59-3210365 Applied F		
Zip	Country	Zıp	Coun	lry	5. Certificate of Status Desired See Required Fee Required		
	8. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent		
I CT	TALL MATUREEN E			Name			
LETTAU, KATHLEEN E PERFECTLY BALANCED BOOKS 611 DRUID RD E #403				Street Address	(P.O. Box Number is Not Acceptable)	_	
ČLE	ARWATER FL 33756			City	Zip Code		
9 The shove	named antity submits this statement f	or the purpose of changing i	te ronister		ered agent, or both, in the State of Florida. I am familiar with, and ac	oca-s	
	tions of registered agent.	or the purpose of crianging i	13 12 G13101	ed dilice of 109late	and agont of both with oracle of horizal. Fall manual man, and a	عابات	
SIGNATURE.	Signature, typed or primed name of segistered ager	(AC	TE: Registers	d Agent eigneture require	d when (einsteing) DATE	_	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department				9. Election Campaign Financing \$5.00 M. Trust Fund Contribution. Added to F.	-	
10.	OFFICERS AND	<u> </u>	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	1	
TRTLE	Д	☐ Defete	m		☐ Change ☐ A	# <u>#</u> #	
NAME CIDELL ADDRESS	MUELLER, KIRSTEN 855 ELDORADO AVE.		NAM Stri	EET ACORESS	1000110442322 03/04/06-80015-005 150.00		
CITY-ST-ZIP	CLEARWATER FL 34630			'-SI-ZIP	55/5//05 55015 655 155/65		
πτις	D	☐ Delete	III	£	☐ Change ☐ ;	i dane To s	
NAME	MUELLER, THOMAS		HAN				
STREET ADDRESS CITY-SI-ZIP	855 ELDORADO AVE. CLEARWATER FL 34630			EET AODRESS I-ST-ZIP			
TITLE		□ Delote	TITL	£	☐ Change ☐ i	ű.,	
Муйае	}		NAM	··· i			
STREET ADDRESS CITY-ST-ZIP				ee) address (-st-zip			
TITLE		☐ Delete	TITL		☐ Change ☐ ?	— 4.7.3***	
NAME			NAS	ı			
STREET ADDRESS			STR	ect address			
CITY-ST-ZIP			CIT	(-ST-ZIP		. . .	
TITLE		☐ Detete	JECT AAAA	•	Change /	2014	
NAME STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP			- 1	r-ST-ZIP			
TITLE		☐ Delete	TITE	E	☐ Change ☐ #	£.t.	
NAME			NAM	Ţ			
STREET ADDRESS CITY-ST-ZIP				ret address Y-ST-ZIP			
13 I horaby	certify that the information supplied is	rith this liting does not qualif	y for the c	vermations contain	ned in Section 119, Florida Statutes. I further certify that the information	 # ju	
indicated	on this report or supplemental report orporation or the receiver or trustee en ed, or on an attachment with an addre	is true and accurate and that properted to execute this set	at my sign: bott as rec	ature shall have the juired by Chapter 6	e same fegal effect as if made under oath; that I am an officer or dir 607, Florida Statutes; and that my name appears in Block 10 or Block	eçk sk 1	

FILED

117/06