## 2006 FOR PROFIT CORPORATION ANNUAL'REPORT

## Mar 24, 2006 08:00 AM Secretary of State DOCUMENT # P94000057804 1. Entity Name BILSKY ENTERPRISES, INC. Principal Place of Business Mailing Address 1114 SW 143RD ST 1114 SW 143 ST NEWBERRY, FL 32669 NEWBERRY, FL 32669 US 03202006 No Chg-P CRZE034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3277718 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STUART BILSKY DO NOT WRITE 1114 SW 143 ST NEWBERRY, FL 32669 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE; Registered Agent signature required when reinstating) UUUUUU473678 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 \$5.00 May Be 04/10/06-80014-004 15**0.00** After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS Dest TITLE NAME BILSKY, STUART 1114 SW 143 ST STREET ADDRESS CITY-ST-ZIP NEWBERRY, FL BILSKY, ERICA NAME STREET ADDRESS 1114 SW 143 ST NEWBERRY, FL CITY-S7-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CITY-ST-2P me NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/06

352-332-6626

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