


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000041956</b> 1. Entity Name <b>SKYWAY TECHNOLOGY GROUP, INC.</b>	
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Principal Place of Business <b>5014 TAMPA WEST BLVD TAMPA, FL 33634 US</b>	Mailing Address <b>5014 TAMPA WEST BLVD TAMPA, FL 33634 US</b>
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**ENTERED**



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3321035</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  <b>NORRIE, BYRON J JR 5014 TAMPA WEST BLVD TAMPA, FL 33634</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NORRIE, BYRON J JR 10606 TAVISTOCK DR TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NORRIE, BYRON SR 10635 GRETNA GREEN DR. TAMPA, FL 33626
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01/20/05-80016-015 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>DATE:</b> <b>1/13/05</b> <small>Date</small>	<b>DAYTIME PHONE:</b> <b>2496101</b> <small>Daytime Phone #</small>
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