

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90057 029 ***150.00

DOCUMENT # P95000056625 1. Entity Name SKY'S THE LIMIT MOTION PICTURE CORPORATION					
Principal Place of Business 161 SOUTHWEST 6TH TERRACE BOCA RATON, FL 33486			Mailing Address <i>H&T</i> 2886 BANYAN BLVD CIRCLE NW BOCA RATON, FL 33431 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>161 SW 6th Terrace</i> Suite, Apt. #, etc.			
City & State Zip		City & State <i>Boca Raton FL</i> Zip <i>33486</i>		4. FEI Number 65-0602520	
Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MERLES, WALLACE R 2886 BANYAN BLVD CIRCLE NW BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name ELLIOTT MERLES Street Address (P.O. Box Number is Not Acceptable) 161 SW 6TH TERRACE BOCA RATON FL 33486 City FL Zip Code		
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 <i>Elliot Merles</i> DATE <i>4/11/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERLES, WALLACE R 2886 BANYAN BLVD CIRCLE NW BOCA RATON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERLES, ELLIOTT 161 SOUTHWEST 6TH TERRACE BOCA RATON, FL 33486	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERLES, DAVID 161 SOUTHWEST 6TH TERRACE BOCA RATON, FL 33486	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <i>Wallace R Merles</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <i>4/11/05</i> DAYTIME PHONE #: <i>561-395-2533</i> <small>Date Daytime Phone #</small>		