

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000074053

Entity Name: SKY MEDICAL, INC.

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

5229 NW 108 AVE
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

5229 NW 108 AVE
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 65-0691315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TYRRELL, TODD
5061 NW 112 DR
POMPANO BEACH, FL 33076 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TYRRELL, TODD
Address: 5061 NW 112 DR
City-St-Zip: POMPANO BEACH, FL 33076

Title: V () Delete
Name: TYRRELL, TONY
Address: 1861 SW 55 AVE
City-St-Zip: PLANTATION, FL

Title: V () Delete
Name: LEFEBURE, RUSSELL
Address: 425 NW 210 ST
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TODD TYRRELL

PRES

04/27/2007

Electronic Signature of Signing Officer or Director

Date