2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 03, 2006 08:00 AM Secretary of State **DOCUMENT # P97000013345** 1. Entity Name SKP INC OF COCOA Principal Place of Business Mailing Address 1135 WOODSMERE PARK WAY 1135 WOODSMERE PARK WAY ROCKLEDGE, FL 32955 ROCKLEDGE, FL 32955 01112006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0727924 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PATEL, DINESH DO NOT WRITE 1135 WOODSMERE PARK WAY ROCKLEDGE, FL 32955 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DILE PATEL, DINESH NAME 1135 WOODSMERE PARK WAY STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 TITLE 100000419612 02/15/06-80015-004 150.0**0** NAME STREET ADDRESS CITY - ST - ZIP 7771 8 NAME STREET ADDRESS DO NOT WRITE CDY-ST-20P IN THIS SPACE RITLE STREET ACORESS CITY-ST-ZIP NAME STREET ARDRESS GITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 path, 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 HINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAME STREET ADDRESS

Daytime Phone 6

FILED