


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000018097 1. Entity Name DOMSKY ENTERPRISES, INC.	
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Principal Place of Business 1850 SW HACKMAN TERRACE STUART, FL 34997	Mailing Address 1850 SW HACKMAN TERRACE STUART, FL 34997
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01212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0734017	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOMSKY, KELLY
1850 SW HACKMAN TERRACE
STUART, FL 34997

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U00000411563 02/10/06-00012-012 150.00
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DOMSKY, KELLY
STREET ADDRESS	1850 SW HACKMAN TERRACE
CITY-ST-ZIP	STUART, FL 34997
TITLE	D
NAME	DOMSKY, ALEX
STREET ADDRESS	1850 SW HACKMAN TERRACE
CITY-ST-ZIP	STUART, FL 34997
TITLE	V
NAME	DUNTON, ROBERT
STREET ADDRESS	1850 S.W. HACKMAN TERRACE
CITY-ST-ZIP	STUART, FL 34997
TITLE	V
NAME	BLUM, WESLEY
STREET ADDRESS	1850 SW HACKMAN TERR
CITY-ST-ZIP	STUART, FL 34997
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 file empowerment.

SIGNATURE: Kelly Domsky President 1/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR