2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 16, 2007 08:00 AM DOCUMENT # P97000018097 **Secretary of State** DOMSKY ENTERPRISES, INC. Principal Place of Business Mailing Address 1850 SW HACKMAN TERRACE STUART FL 34997 1850 SW HACKMAN TERRACE STUART FL 34997 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & Stato 4. FEI Number 65-0734017 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOMSKY, KELLY 1850 SW HACKMAN TERRACE Street Address (P.O. Box Number is Not Acceptable) STUART FL 34997 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change DOMSKY, KELLY NAME NAME U00000638261 1850 SW HACKMAN TERRACE STREET ADDRESS STREET ADDRESS 02/27/07-80023-011 150.00 CITY-ST-ZIP STUART FL 34997 CITY - ST-ZIP Change TITLE Addition ☐ Delete IIILE DOMSKY, ALEX NAME NAME 1850 SW HACKMAN TERRACE STREET ADDRESS STREET ADDRESS STUART FL 34997 CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Delete Change ☐ Addition DITLE DUNTON, ROBERT NAME. 1850 S.W. HACKMAN TERRACE STREET ADDRESS STREET ADDRESS STUART FL 34997 CITY-S1-7IP CUY-ST-ZIP ши Delete IIILE Change Addition BLUM, WESLEY NAME NAME 1850 SW HACKMAN TERR STREET ADDRESS STREET ADDRESS STUART FL 34997 CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TOLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY - ST - ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

FILED