2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED May 01, 2006 08:00 Al Secretary of State DOCUMENT # P97000048590 1: Entity Name RED SKY MARKETING, INC. Principal Place of Business Mailing Address 109 SW 2ND AVENUE 6300 NE 1ST AVE FORT LAUDERDALE, FL 33301 3RD FLOOR FORT LAUDERDALE, FL 33334 and the state of t DO NOT WRITE IN THIS SPACE 04252006 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 65-0759253 Not Applicable \$8.75 Additional 5. Certificate of Status Desired or being the sales had maken and Fee Required 6. Name and Address of Current Registered Agent THOMAS, DONALD J DO NOT WRITE 4730 N.W. BOCA RATON BLVD. BOCA RATON, FL 33431 IN THIS SPACE with the straight with the straight and the straight with the 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 Life if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE KAME LEVIN, ERIC STREET ADDRESS 109 SW 2ND AVENUE CITY-ST-ZIP FORT LAUDERDALE, FL 33301 IIILE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CATY ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP A CONTRACTOR OF STREET STREET RILE MAME

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 like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

hui

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06

305-674-7221

Date

Daytime Phone #

and the second s