

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90043 005 ***150.00

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03092007 Chg-P CR2E034 (12/06)

DOCUMENT # P98000003806 1. Entity Name ADRIAN SKYE INC.			
Principal Place of Business 38 TORTOISE LANE TEQUESTA, FL 33469		Mailing Address 38 TORTOISE LANE TEQUESTA, FL 33469	
2. Principal Place of Business - No P.O. Box # 100 Sea Steppes Ct. Suite, Apt. #, etc.		3. Mailing Address 100 Sea Steppes Ct. Suite, Apt. #, etc.	
City & State Jupiter FL Zip 33477		City & State Jupiter, FL Zip 33477	
Country U.S.		Country U.S.	
4. FEI Number 65-0799201		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAGNO, NANCY N 38 TORTOISE LANE TEQUESTA, FL 33469-1552		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100 Sea Steppes Ct. City Jupiter FL Zip Code 33477	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D RAGNO, NANCY N 38 TORTOISE LANE TEQUESTA, FL 334691552	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Nancy N. Ragno</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		NANCY N. RAGNO Date 03/09/07 Daytime Phone # 561-743-9020	