2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000006649

1. Entity Name
TWK SKY, INC.

Principal Place of Business	Mailing Address
1035 S. SEMORAN BLVD, STE 1012 WINTER PARK, FL 32792 US	1035 S. SEMORAN BLVD, STE 1012 WINTER PARK, FL 32792 US

DO NOT WRITE IN THIS SPACE

03222005   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3488909	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KETTLE, ROBERT T
1035 S. SEMORAN BLVD, STE 1012
WINTER PARK, FL 32792

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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)

DATE 4/1/05

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	KETTLE, ROBERT TARY
STREET ADDRESS	1035 S. SEMORAN BLVD, STE 1012
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900054304359
05/12/05--01005--024 **550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/19/05   Daytime Phone # 407-657-2440