


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000006649 1. Entity Name TWK SKY, INC.	
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Principal Place of Business 1035 S. SEMORAN BLVD, STE 1012 WINTER PARK, FL 32792 US	Mailing Address 1035 S. SEMORAN BLVD, STE 1012 WINTER PARK, FL 32792 US
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DO NOT WRITE IN THIS SPACE

FILED
07 APR 13 PM 2:15
CLERK OF COURT
TALLAHASSEE, FLORIDA



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3488909	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KETTLE, ROBERT TARY 1035 S. SEMORAN BLVD, STE 1012 WINTER PARK, FL 32792
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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: 	1/15/2007	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

204/17