


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000020428 1. Entity Name BLUE SKY IMAGING, INC.	
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Principal Place of Business 628 LOVEJOY RD BLDG 2 FORT WALTON BEACH, FL 32547	Mailing Address PO BOX 2993 FT WALTON BEACH, FL 32549
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DO NOT WRITE IN THIS SPACE



07152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3525350	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

**HUTCHISON, THOMAS G
628 LOVEJOY RD
BDG 2
FORT WALTON BEACH, FL 32548**

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	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	PDST HUTCHISON, THOMAS G 628 LOVEJOY RD BLD 2 FORT WALTON BEACH, FL 32548
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09/07/05-80010-014 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **Sec/Treas** **7-18-05** **850243443**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas G. Hutchison

Date Daytime Phone #