2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000088408

Entity Name

BLUE SKY GRAPHIC COMMUNICATION, INC.



FILED Apr 18, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

5531 SOUTHWEST 7TH AVENUE ROAD OCALA, FL 34474

5531 SOUTHWEST 7TH AVENUE ROAD OCALA, FL 34474



04082007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3543833

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYÊR 343 ALMERIA AVENUE CORAL GABLES, FL 33134

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	A.F					
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, type or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE						
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees		
TITLE NAME STREET ADDRESS' CITY-ST-ZIP	PSTD WEAKLEY, KENT R 5531 SOUTHWEST 7TH AVENUE RO OCALA; FL 34474		-		U00000713822 04/26/07-80104-014 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			IN THIS SPACE		
TITLE NAME STREET ADDRESS	.t					

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 tike empowered.

SIGNATURE

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/07 351-861-8 Date Dayune Phone #