

**2005 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P99000079011					
1. Entity Name SKI GP, INC.					
Principal Place of Business 4400 PGA BLVD, SUITE 900 PALM BEACH GARDENS, FL 33410			Mailing Address 900 S. FEDERAL HWY SUITE #321 STUART, FL 34994		
2. Principal Place of Business		3. Mailing Address c/o Gerald F. Richman			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 250 So. Australian Ave., #1504			
City & State		City & State West Palm Beach, FL.			
Zip	Country	Zip 33401	Country USA	4. FEI Number 65-0955169	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CHERRY, RICHARD G 4400 PGA BLVD, SUITE 900 PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent Name RICHMAN, GERALD F Street Address (P.O. Box Number is Not Acceptable) 250 So. Australian Ave., #1504 City West Palm Beach FL Zip Code 33401	
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: Gerald F. Richman June 29, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		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	P STETSON, J M 900 S FEDERAL HWY STE 321 STUART, FL 34994	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RICHMAN, GERALD F 250 AUSTRALIAN AVE S STE 1504 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P, T RICHMAN, GERALD F 250 So. Australian Ave, Ste 1504 West Palm Beach, FL. 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEARSON, GEORGIA S 4111 SAN AMARO DR CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V, S PEARSON, GEORGIA S 4111 San Amaro Dr. Coral Gables, FL. 33146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700060496087 10/11/05--01052--007 **70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
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: Gerald F. Richman, President			Date: June 29, 2005 Daytime Phone #		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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