


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # S83605
 1. Entity Name
S.C.K. MANAGEMENT, INC.



Principal Place of Business
6820 STERLING ROAD
HOLLYWOOD, FL 33024

Mailing Address
6820 STERLING ROAD
HOLLYWOOD, FL 33024



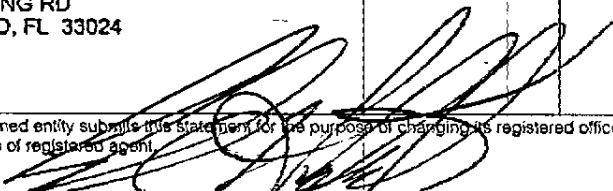
01092006 No Chg-P CR2E034 (11/05)

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4. FEI Number 65-0285715	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILLESTAD, ERIK
6820 STERLING RD
HOLLYWOOD, FL 33024



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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: _____ DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HILLESTAD, ERIK 1720 SE 119TH TERRACE DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLESTAD, INGRID 1561 SW 120 TERR DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILLESTAD, JOHN 10402 NW 39TH PL CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/18/06-80021-009 150.00

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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: _____ DATE: **1/29/06** DAYTIME PHONE #: **(954) 961-3205**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR