

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000004612

**Entity Name:** SKILLFUL INC.

**Current Principal Place of Business:**

3345 SW 2 ND STREET  
DEERFIELD BEACH, FL 33442-2312

**Current Mailing Address:**

3345 SW 2 ND STREET  
DEERFIELD BEACH, FL 33442-2312 US

**FEI Number:** 56-2464192

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SAINT PIERRE, MARIO  
3345 SW 2 ND STREET  
DEERFIELD BEACH, FL 33442-2312 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name SAINT PIERRE, MARIO  
Address 3345 SW 2 ND STREET  
City-State-Zip: DEERFIELD BEACH FL 33442-2312

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIO SAINT PIERRE

**PRESIDENT**

**01/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date