2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2007
Secretary of State

DOCUMENT# P03000076468

Entity Name: SKY LIMIT ACQUISTIONS, INC.

Current Principal Place of Business:

541 HOLIDAY ACRES DR.
SPRINGVILLE, TN 38256

New Principal Place of Business:

Current Mailing Address:

541 HOLIDAY ACRES DR.
SPRINGVILLE, TN 38256

New Mailing Address:

PO BOX 1056
PARIS, TN 38242

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZIMMERMAN, STEPHEN L
737 EAST ATLANTIC BLVD
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CIAROCCHI, ROGER N SR
Address: 541 HOLIDAY ACRES DR.
City-St-Zip: SPRINGVILLE, TN 38256

Title: D ( ) Delete
Name: CIAROCCHI, LISA D
Address: 541 HOLIDAY ACRES DR.
City-St-Zip: SPRINGVILLE, TN 38256

Title: PRES ( ) Delete
Name: CIARROCCHI, ROGER SR N
Address: 541 HOLIDAY ACRES
City-St-Zip: SPRINGVILLE, TN 38256 US

Title: VPRE ( ) Delete
Name: CIARROCCHI, LISA D
Address: 541 HOLIDAY ACRES DR.
City-St-Zip: SPRINGVILLE, TN 38256 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: CIARROCCHI, RUGGERO N II
Address: 541 HOLIDAY ACRES DR.
City-St-Zip: SPRINGVILLE, TN 38256

Title: VPRE (X) Change ( ) Addition
Name: CIARROCCHI, LISA D
Address: 541 HOLIDAY ACRES DR.
City-St-Zip: SPRINGVILLE, TN 38256

Title: PRES (X) Change ( ) Addition
Name: CIARROCCHI, RUGGERO N II
Address: 541 HOLIDAY ACRES
City-St-Zip: SPRINGVILLE, TN 38256 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RUGGERO NICOLA CIARROCCHI II PRES 01/28/2007

Electronic Signature of Signing Officer or Director Date