2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008
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:

3050 HARVEY BOWDEN RD
PARIS, TN 38242

Current Mailing Address:

PO BOX 1056
PARIS, TN 38242

New Mailing Address:

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

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

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

Title: VPRE (X) 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: 3050 HARVEY BOWDEN RD
City-St-Zip: PARIS, TN 38242

Title: VPRE (X) Change ( ) Addition
Name: CIARROCCHI, LISA D
Address: 3050 HARVEY BOWDEN RD.
City-St-Zip: PARIS, TN 38242

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

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

I hereby certify that the information supplied with this filing does not qualify 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 CIARROCCHI PRES 02/25/2008
Electronic Signature of Signing Officer or Director Date