


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90351 040 ***150.00

DOCUMENT # H71538
 1. Entity Name
SIGNATURE STRUCTURES, INC.



Principal Place of Business Mailing Address
8400 N. UNIVERSITY DR. **8400 N. UNIVERSITY DR.**
SUITE 109 **SUITE 109**
TAMARAC, FL 33321 US **TAMARAC, FL 33321 US**

2. Principal Place of Business 3. Mailing Address
2300 Glades Road **2300 Glades Road**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite #360 W **Suite #360W**

City & State City & State
Boca Raton, FL **Boca Raton, FL**

Zip Country Zip Country
33431 **USA** **33431** **USA**

400100



01102006 Chg-P CRZE034 (11/05)

4. FEI Number Applied For
59-2695124 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SCHREIBER, BRUCE
8400 N. UNIVERSITY DR.
TAMARAC, FL 33321

7. Name and Address of New Registered Agent
 Name **Bruce Schreiber**
 Street Address (P.O. Box Number is Not Acceptable)
2300 Glades Road Ste 360W
 City **Boca Raton** **FL** Zip Code **33431**

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 \$350.00

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	PD SCHREIBER, BRUCE 8400 N. UNIVERSITY DR. TAMARAC, FL 33321 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHREIBER, LOUIS 8400 N. UNIVERSITY DR. TAMARAC, FL 33321 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHREIBER, SYDNEY 8400 N. UNIVERSITY DR. TAMARAC, FL 33321 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Schreiber, Bruce 2300 glades road # 360w Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Schreiber, Louis 2300 glades Road # 360w Boca Raton FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Schreiber Sydney 2300 glades Road # 360w Boca Raton FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Bruce Schreiber **Bruce Schreiber President** 4/14/06 561-353-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #