2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003516

City-St-Zip:

LAUREL, MD 20707

FILED Apr 19, 2007 Secretary of State

Entity Nan	ne: APPLE DE	SIGNS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
606 FRON	T STREET FION, FL 3474	7			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1146 CELEBRATION BLVD CELEBRATION, FL 34747				1148 CELEBRATION BLVD CELEBRATION, FL 34747	
FEI Number:	52-1410818	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
1146 CELE	Y, MARTINE BRATION BLV FION, FL 3474		ERHART, JOE 1148 CELEBRATION I CELEBRATION, FL 3		
The above in the State		ubmits this statement for the po	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: ERHART JOE				04/19/2007	
Election Can		c Signature of Registered Age Trust Fund Contribution ().	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ()[ERHART, SUSAN 420 ARBOR CIR CELEBRATION,	CLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ()[ERHART, JOSEF 420 ARBOR CIR CELEBRATION,	CLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () I ERHART, JOHN 518 CLEVELAND RALEIGH, NC 2		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	T () [LONG, TOM 325 GORMAN AV	Delete /E	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: JOE ERHART VΡ 04/19/2007