2007 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** May 07, 2007 08:00 AM Secretary of State DOCUMENT # F04000002199 1. Entity Name EXPRESS SIGNS, USA, INC. Principal Place of Business Mailing Address 355 NE 5TH ST 355 NE 5TH ST BOCA RATON, FL 33432 BOCA RATON, FL 33432 CR2E034 (11/05) No Chg-P 05042007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-3554317 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BATTISTA, PAUL DO NOT WRITE **355 NE 5TH ST** BOCA RATON, FL 33432 IN THIS SPACE 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, typed or printed name of registered agent and trile if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 14, 2007 10. OFFICERS AND DIRECTORS CPS BATTISTA, PAUL NAME 355 NE 5TH ST STREET ADDRESS U00000763837 CITY-ST-ZIP BOCA RATON, FL. 33432 05/30/07-80030-025 150.0n TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITI F NAME STREET ADDRESS CITY-ST-ZIP TIBE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

> NATURE AND TYPED OR P OF SIGNING OFFICER OR DIRECTOR