## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Aug 06, 2007 08:00 AN Secretary of State DOCUMENT #F06000007189 1. Entity Name SIGNSTOREY, INC Principal Place of Business Mailing Address 183 SHERMAN ST FAIRFIELD CT 06824 183 SHERMAN ST FAIRFIELD CT 06824 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Act #, etc Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/07) 4. FEI Number 04-3531204 City & State City & State Applied For Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code 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 Flonda. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NGTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 S 607 193(2)(b), F.S., allows for the waiver of the \$400,00 9. Election Campaign Financing \$5.00 May Be DUE BY September 5, 2007. late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THE ☐ Delete HILE ☐ Change ☐ Addition FAILING, BRUCE NAME MAKAR U00000771444 STREET ADDRESS 183 SHERMAN ST STREET ADDRESS 08/07/07-80002-019 150.00 FAIRFIELD CT 06824 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete THE Change ☐ Addition NAME CARGILL, VIRGINA MAME 1110 HARBOR DR STREET ADDRESS STREET ADDRESS SOUTHPORT CT 06490 CITY-ST-ZIP CHY-S1-78 Þν Delete TITLE ☐ Change ☐ ☐ Addition BIVONA, DOUG NAME STREET ADDRESS & DRIFTWOOD LN STREET ADDRESS COTY ST- 71P TRUMBULL CT CITY-ST-ZIP ☐ Delete FITEE TITLE ☐ Change ☐ Addition BECKER, TODD NAME MARKE 82 REVERE DR STREET ADDRESS STREET ADDRESS RODGEFIELD CT 06877 CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-7IP

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 with an address, with all other like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: