

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002520

FILED
Aug 05, 2009
Secretary of State

Entity Name: SIGNAL 88 FRANCHISE GROUP, INC.

Current Principal Place of Business:

1515 FARNAM ST
OMAHA, NE 68102

New Principal Place of Business:

3880 S 149TH ST
STE 108
OMAHA, NE 38144

Current Mailing Address:

1515 FARNAM ST
OMAHA, NE 68102

New Mailing Address:

3880 S 149TH ST
STE 108
OMAHA, NE 38144

FEI Number: 26-1769448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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: CP () Delete
Name: NYFFELER, REED
Address: 1515 FARNAM ST
City-St-Zip: OMAHA, NE 68102

Title: DVPS () Delete
Name: DEGAN, SHEA
Address: 1515 FARNAM ST
City-St-Zip: OMAHA, NE 68102

Title: T () Delete
Name: DEGAN, SHEA
Address: 1515 FARNAM ST
City-St-Zip: OMAHA, NE 68102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: NYFFELER, REED
Address: 3880 S 149TH ST STE 108
City-St-Zip: OMAHA, NE 68144

Title: DVPS (X) Change () Addition
Name: DEGAN, SHEA
Address: 3880 S 149TH ST STE 108
City-St-Zip: OMAHA, NE 68144

Title: T (X) Change () Addition
Name: NASS, TIM
Address: 3880 S 149TH ST STE 108
City-St-Zip: OMAHA, NE 68144

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: LAURA E LARCOM

DA

08/05/2009

Electronic Signature of Signing Officer or Director

Date