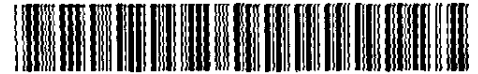


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # G54513 1. Entity Name A SIGNPRO INC.	
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Principal Place of Business % MICHAEL LEVINE 3901 W. 18TH AVE #902 HIALEAH FL 33012	Mailing Address % MICHAEL LEVINE 3901 W. 18TH AVE #902 HIALEAH FL 33012
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip

1st MOORE CR2E034 (10/05)

4. FEI Number 59-2335721	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEVINE, MICHAEL 3901 WEST 18TH AVE #902 HIALEAH FL 33012	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 filed if applicable (NOTE: Registered Agent signature required when re-issuing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution: Added to Fees

10. OFFICERS AND DIRECTORS													
TITLE	<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">PD</td> <td style="width: 85%;"> <input type="checkbox"/> Delete LEVINE, MICHAEL 3901 WEST 18TH AVE #902 HIALEAH FL </td> </tr> <tr> <td>VD</td> <td> <input type="checkbox"/> Delete LEVINE, SANDRA L. 3901 WEST 18TH AVE #902 HIALEAH FL </td> </tr> <tr> <td>TD</td> <td> <input type="checkbox"/> Delete LEVINE, DEBRA L. 3901 WEST 18TH AVE #902 HIALEAH FL </td> </tr> <tr> <td>SD</td> <td> <input type="checkbox"/> Delete LEVINE, RONNIE A. 3901 WEST 18TH AVE #902 HIALEAH FL </td> </tr> <tr> <td> </td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td> </td> <td> <input type="checkbox"/> Delete </td> </tr> </table>	PD	<input type="checkbox"/> Delete LEVINE, MICHAEL 3901 WEST 18TH AVE #902 HIALEAH FL	VD	<input type="checkbox"/> Delete LEVINE, SANDRA L. 3901 WEST 18TH AVE #902 HIALEAH FL	TD	<input type="checkbox"/> Delete LEVINE, DEBRA L. 3901 WEST 18TH AVE #902 HIALEAH FL	SD	<input type="checkbox"/> Delete LEVINE, RONNIE A. 3901 WEST 18TH AVE #902 HIALEAH FL		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete
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	<input type="checkbox"/> Delete												

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11													
TITLE	<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;"> </td> <td style="width: 85%;"> <input type="checkbox"/> Change <input type="checkbox"/> Add U00000421058 02/16/06-80017-025 150.00 </td> </tr> <tr> <td> </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Add </td> </tr> <tr> <td> </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Add </td> </tr> <tr> <td> </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Add </td> </tr> <tr> <td> </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Add </td> </tr> <tr> <td> </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Add </td> </tr> </table>		<input type="checkbox"/> Change <input type="checkbox"/> Add U00000421058 02/16/06-80017-025 150.00		<input type="checkbox"/> Change <input type="checkbox"/> Add		<input type="checkbox"/> Change <input type="checkbox"/> Add		<input type="checkbox"/> Change <input type="checkbox"/> Add		<input type="checkbox"/> Change <input type="checkbox"/> Add		<input type="checkbox"/> Change <input type="checkbox"/> Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Sandra Levine **SANDRA LEVINE** Date: 2/1/06 Daytime Phone: 305-577-8888