2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 10, 2008 08:00 AM **DOCUMENT # H04129 Secretary of State** 1. Entity Name SIGN CONCEPTS, INC. Principal Place of Business Mailing Address 304 S. PROSPECT 304 S. PROSPECT AVE. TAMPA, FL 33634 CLEARWATER, FL 34616 US 01082008 No Cho-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2414180 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARVELL, ANTHONY T. DO NOT WRITE 2018 JEFFORDS ST. CLEARWATER, FL 33764 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE CARVELL, ANTHONY T. NAME STREET ADDRESS 2018 JEFFORDS ST. 000000777974 01/10/08-80028-023 150.00 CITY-ST-ZIP CLEARWATER, FL 33764 TIDE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IIILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

YNOHTWA G OFFICER OF DIRECTOR

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