2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # H72588

1. Entity Name
UNITED SIGN SYSTEMS, INC.

Principal Place of Business

3405 S. TAMIAMI TRAIL
PUNTA GORDA, FL 33950

Mailing Address

3405 S. TAMIAMI TRAIL
PUNTA GORDA, FL 33950

DO NOT WRITE IN THIS SPACE

03302006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2567435	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OAKS, DAVID K.
201 W. MARION AVENUE
PUNTA GORDA, FL 33950

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

**FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00**

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

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	WHITE, JOHN D.
STREET ADDRESS	4091 GARDNER DRIVE
CITY-ST-ZIP	PORT CHARLOTTE, FL
TITLE	STD
NAME	WHITE, BEVERLY J COLE
STREET ADDRESS	4091 GARDNER DRIVE
CITY-ST-ZIP	PORT CHARLOTTE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000515294
04/29/06-80205-003 150.00

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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: _Beverly C White_   BEVERLY C White   4-12-06   941-639-3367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #