

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # J42262</b> 1. Entity Name <b>SEABYRD SIGNS, INC.</b>						<b>FILED</b> 06 MAY 16 PM 2:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>9130 STATE ROAD 52 HUDSON, FL 34669-3027</b>				Mailing Address <b>9130 STATE ROAD 52 HUDSON, FL 34669-3027</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b> <b>PASSARELLA, CARMEN 7306 OSTEEN RD NEW PORT RICHEY, FL 34653</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>STOCKHAUSEN, BRAD</b> Street Address (P.O. Box Number is Not Acceptable) <b>9130 STATE ROAD 52</b> City <b>HUDSON</b> <b>FL</b> Zip Code <b>34669</b>			
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: <i>Brad Stockhausen</i> <span style="float: right;">* 5-12-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>PSD PASSARELLA, CARMEN 7306 OSTEEN RD NEW PORT RICHEY, FL 34653</b> <input checked="" type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>D/P/T STOCKHAUSEN, BRAD 9130 STATE ROAD 52 HUDSON, FL 34669</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>D/S ACOSTA, JAMES 9130 STATE ROAD 52 HUDSON, FL 34669</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>400076154264 06/13/06--01037--002 **61.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Brad Stockhausen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>BRAD STOCKHAUSEN</b> Date <i>5-12-06</i> Daytime Phone # <i>727-505-6808</i>			