2008 FOR PROFIT CORPORATION

Mar 24, 2008 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # J59561** SIGNATURE DESIGN & DEVELOPMENT, INC. Principal Place of Business Mailing Address **3718 SANDSPUR LANE** P.O. BOX 943 NOKOMIS, FL 34275 US OSPREY, FL 34229-0943 US No Chg-P 03192008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0057810 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LATTMANN, STEPHEN E MR. DO NOT WRITE 3718 SANDSPUR LANE NOKOMIS, FL 34275 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000866715 04/08/08-80041-010 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE LATTMANN, STEPHEN E. NAME STREET ADDRESS 3718 SANDSPUR LANE NOKOMIS, FL 34275 CITY-ST-ZIP TITLE CRAMER, LAWRENCE D MR. NAME STREET ADDRESS 3718 SANDSPUR LANE CITY-ST-ZIP NOKOMIS, FL 34275 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 trystee 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:

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

RINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED