


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90308 033 \*\*\*150.00

**DOCUMENT # J68995**  
1. Entity Name  
**SIGN\*A\*RAMA INC.**



Principal Place of Business 1801 AUSTRALIAN AVE SOUTH WEST PALM BEACH, FL 33409	Mailing Address 1801 AUSTRALIAN AVE SOUTH WEST PALM BEACH, FL 33409
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**20038968**



**DO NOT WRITE IN THIS SPACE**

04052005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>58-1737365</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
  
CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD, #221E  
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TITUS, ROY W. 1640 NEW HIGHWAY FARMINGDALE, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SWANSON, STANLEY R. 1640 NEW HIGHWAY FARMINGDALE, NY 11735
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TITUS, RAYMOND W 1801 AUSTRALIAN AVE S WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TITUS, ROBERT 1640 NEW HWY FARMINGDALE, NY 11735
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Ray Titus* **4/13/05** **561-640-5570**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #