


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90185 015 ***150.00

DOCUMENT # J68995

1. Entity Name
SIGN*A*RAMA INC.



Principal Place of Business Mailing Address

1801 AUSTRALIAN AVE SOUTH 1801 AUSTRALIAN AVE SOUTH
 WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.
2121 VISTA PARKWAY **2121 VISTA PARKWAY**

City & State City & State
WEST PALM BEACH, FL **WEST PALM BEACH, FL**

Zip Country Zip Country
33411 **US** **33411** **US**

40034006



02152006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
58-1737365 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: _____ (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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TITUS, ROY W.		NAME TITUS, ROY	
STREET ADDRESS 1640 NEW HIGHWAY		STREET ADDRESS 61 EXECUTIVE BLDG.	
CITY-ST-ZIP FARMINGDALE, NY		CITY-ST-ZIP FARMINGDALE, NY 11735	
TITLE STD	<input type="checkbox"/> Delete	TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SWANSON, STANLEY R.		NAME SWANSON, STANLEY	
STREET ADDRESS 1640 NEW HIGHWAY		STREET ADDRESS 61 EXECUTIVE BLDG.	
CITY-ST-ZIP FARMINGDALE, NY 11735		CITY-ST-ZIP FARMINGDALE, NY 11735	
TITLE PD	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TITUS, RAYMOND W		NAME TITUS, RAYMOND	
STREET ADDRESS 1801 AUSTRALIAN AVE S		STREET ADDRESS 2121 VISTA PARKWAY	
CITY-ST-ZIP WEST PALM BEACH, FL 33409		CITY-ST-ZIP WEST PALM BEACH, FL 33411	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TITUS, ROBERT		NAME TITUS, ROBERT	
STREET ADDRESS 1640 NEW HWY		STREET ADDRESS 2121 VISTA PARKWAY	
CITY-ST-ZIP FARMINGDALE, NY 11735		CITY-ST-ZIP WEST PALM BEACH, FL 33411	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEE, ELLEN		NAME LEE, ELLEN	
STREET ADDRESS 2121		STREET ADDRESS 2121 VISTA PARKWAY	
CITY-ST-ZIP		CITY-ST-ZIP WEST PALM BEACH, FL 33411	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Ray Titus 4/17/06 Date

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