


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90204 011 \*\*\*150.00

**DOCUMENT # J68995**

1. Entity Name  
**SIGN\*A\*RAMA INC.**



Principal Place of Business **2121 VISTA PARKWAY**  
**1801 AUSTRALIAN AVE SOUTH**  
**WEST PALM BEACH, FL 33409**  
**33411**

Mailing Address **2121 VISTA PARKWAY**  
**1801 AUSTRALIAN AVE SOUTH**  
**WEST PALM BEACH, FL 33409**  
**33411**

**DO NOT WRITE IN THIS SPACE**



04032007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**58-1737365**

Applied For  
 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**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TITUS, ROY W.
STREET ADDRESS	61 EXE. BLVD
CITY-ST-ZIP	FARMINGDALE, NY 11735
TITLE	STD
NAME	SWANSON, STANLEY R.
STREET ADDRESS	61 EXE. BLVD
CITY-ST-ZIP	FARMINGDALE, NY 11735
TITLE	PD
NAME	TITUS, RAYMOND W
STREET ADDRESS	2121 VISTA PKWY
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	D
NAME	TITUS, ROBERT
STREET ADDRESS	2121 VUSTA PKWY
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	V
NAME	LEE, ELLEN
STREET ADDRESS	2121 VISTA PKWY
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
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 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: *Roy Titus* 4/11/07 561-640-5576  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #