


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90373 002 \*\*\*150.00

<b>DOCUMENT # K50535</b> 1. Entity Name <b>SPRING SIGN SUPPLY, INC.</b>					
Principal Place of Business <b>1485 BANKS RD</b> <b>MARGATE, FL 33063 US</b>			Mailing Address <b>PO BOX 770395</b> <b>CORAL SPRINGS, FL 33077-0395 US</b>		
2. Principal Place of Business <b>3921 NW 114 Avenue</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Coral Springs, FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>65-0094827</b>	
Zip <b>33065</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ROSENTHAL</b> <del><b>1485 BANKS RD</b></del> <del><b>MARGATE, FL 33063</b></del>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3921 NW 114 Avenue</b> City <b>Coral Springs</b> <b>FL</b> Zip Code <b>33065</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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROSENTHAL, ALFRED M. 1485 BANKS RD MARGATE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3921 NW 114 Avenue</b> <b>Coral Springs, FL 33065</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WHATLEY, JEFFREY 1485 BANKS RD MARGATE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3921 NW 114 Avenue</b> <b>Coral Springs, FL 33065</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WHATLEY, DIANE 1485 BANKS RD MARGATE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3921 NW 114 Avenue</b> <b>Coral Springs, FL 33065</b>	
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 a address, with all other filers.					
SIGNATURE: <b>Alfred M. Rosenthal</b> Date: <b>04-28-06</b> Daytime Phone: <b>954 971 8551</b>					