

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K62511

Entity Name: BUDGET SIGNS, INC.

FILED  
Jul 05, 2007  
Secretary of State

## Current Principal Place of Business:

%APRIL SIMMONS  
1820 SW 7TH AVENUE  
POMPANO BEACH, FL 33060

## New Principal Place of Business:

## Current Mailing Address:

%APRIL SIMMONS  
1820 SW 7TH AVENUE  
POMPANO BEACH, FL 33060

## New Mailing Address:

FEI Number: 65-0098568

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMMONS, APRIL  
1820 SW 7TH AVENUE  
POMPANO BEACH, FL 33060 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SIMMONS, APRIL,  
Address: 7553 SIERRA DR  
City-St-Zip: BOCA RATON, FL

Title: D ( ) Delete  
Name: SIMMONS, BILL  
Address: 7553 SIERRA DR  
City-St-Zip: BOCA RATON, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: APRIL SIMMONS

D

07/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date