2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L13235

FILED Mar 16, 2005 Secretary of State

Entity Nai	me: SIGNATU	JRE REALTY & DEVELOPN	MENT INC.				
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
SUITE 310	ENIA BOULEV)), FL 32839	ARD					
Current M	lailing Addres	s:	New Maili	New Mailing Address:			
SUITE 310	ENIA BOULEV)), FL 32839	ARD					
FEI Number	: 59-2967179	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desire	∍d ()	
Name and	Address of C	Surrent Registered Agent:	Name and	l Address o	f New Registered Agent:		
C/O STEIN 1420 ALAF OVIEDO, F The above	FÂYA TRAIL, S FL 32765 US	HEIN, HOCHMAN & PEPP		its registered	d office or registered agent,	or both,	
SIGNATUI			A .				
Election Car		ic Signature of Registered a Trust Fund Contribution ().	Agent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PDCS () MCINTYRE, TH 11230 LAKE BI WINDERMERE	JTLER BLVD	Title: Name: Address: City-St-Zip:	MCINTYRE, 11230 LAKE	(X) Change () Addition MICHAEL : BUTLER BLVD RE, FL 34786		
Title: Name: Address: City-St-Zip:	D () MCINTYRE, SU 11230 LAKE BI WINDERMERE	JTLER BLVD	Title: Name: Address: City-St-Zip:	MCINTYRE, 11230 LAKE	(X) Change () Addition SUSAN : BUTLER BLVD RE, FL 34786		

Title: () Delete Title: RIVERA, CHARLES Name: Name:

() Delete

3619 PINEY GLEN LANE Address: ORLANDO, FL 32819 City-St-Zip:

SD

RIVERA, KELLY

3619 PINEY GLEN LANE

ORLANDO, FL 32819

() Change (X) Addition

() Change (X) Addition

Address: City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SUSAN MCINTYRE CPD 03/16/2005