2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L13235

FILED Aug 19, 2005 Secretary of State

Entity Name: SIGNATURE REALTY & DEVELOPMENT INC. **Current Principal Place of Business: New Principal Place of Business:** 4700 MILLENIA BOULEVARD SUITE 310 ORLANDO, FL 32839 **New Mailing Address: Current Mailing Address:** 4700 MILLENIA BOULEVARD SUITE 310 ORLANDO, FL 32839 FEI Number: 59-2967179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SONNENSCHEIN, MICHAEL D SHEPARD, CLIFFORD B III C/O STEIN, SONNENSCHEIN, HOCHMAN & PEPPLER 111 S. MAITLAND AVENUE 1420 ALAFAYA TRAIL, SUITE 101 MAITLAND, FL 32751 OVIEDO, FL 32765 ÚS 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: CLIFFORD B. SHEPARD, III 08/19/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MCINTYRE, MICHAEL Name: Name: 11230 LAKE BUTLER BLVD Address: Address: City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: Title: CPD Title: () Delete () Change () Addition Name: MCINTYRE, SUSAN Name: 11230 LAKE BUTLER BLVD Address: Address: WINDERMERE, FL 34786 City-St-Zip: City-St-Zip: Title: Title: SD () Delete () Change () Addition RIVERA, KELLY Name: Name: 3619 PINEY GLEN LANE Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: () Delete Title: () Change () Addition RIVERA, CHARLES Name: Name: Address: 3619 PINEY GLEN LANE Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: Title: () Delete () Change () Addition GOULD, LISA OWENS Name: Name: 147 W. LYMAN AVE Address: Address: WINTER PARK, FL 32789 US City-St-Zip: 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.

SIGNATURE: SUSAN MCINTYRE CPD 08/19/2005