2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCLIMENT# N04000011022

City-St-Zip:

CLEARWATER, FL 33761

DOCUMENT# N04000011032				Secretary of State	
Entity Na	me: THE SIG	HT CENTER, INC.			
Current Principal Place of Business:			New Principal Place	of Business:	
	TWOOD WAY ATER, FL 337				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	TWOOD WAY ATER, FL 337				
FEI Number	: 52-2450336	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
1172 BRO CLEARWA	LY, THOMAS J WNELL STRE ATER, FL 337 e named entity e of Florida.	ET 56 US	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	nic Signature of Registered Ag	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (HURTZ, MARS 2547 SPLITWO CLEARWATER	OOD WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (HURTZ, HENR` 2547 SPLITWO CLEARWATER	OOD WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	HUDAK, JANÈT) Delete - ID BOULEVARD., BLDG 1 #102	Title: Name: Address:	() Change () Addition	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MARSHA L. HURTZ 02/15/2005 D