

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006056

FILED
Apr 16, 2009
Secretary of State

Entity Name: SIGNALAMERICA INCORPORATED

Current Principal Place of Business:

20 LYNN WAY
MADEIRA BEACH, FL 33708

New Principal Place of Business:

Current Mailing Address:

20 LYNN WAY
MADEIRA BEACH, FL 33708

New Mailing Address:

FEI Number: 26-2490532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DERUSHA, HEATHER G
20 LYNN WAY
MADEIRA BEACH, FL 33708 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DERUSHA, HEATHER G
Address: 20 LYNN WAY
City-St-Zip: MADEIRA BEACH, FL 33708

Title: D () Delete
Name: DERUSHA, DAVID G
Address: 4053 BOULDER PLACE
City-St-Zip: FLOWERY BRANCH, GA 30542

Title: D () Delete
Name: DERUSHA, JAMES M
Address: 1111 32ND ST. N
City-St-Zip: ST PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

SIGNATURE: HEATHER G. DERUSHA

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date