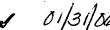
## 2006 FOR PROFIT CORPORATION

## Feb 16, 2006 8:00 am **Secretary of State ANNUAL REPORT DOCUMENT # P00000017043** 02-16-2006 90064 022 \*\*\*150.00 1. Entity Name LAST SIGNATURE PRODUCTS, INC guv-Mailing Address Principal Place of Business 4751 GULF SHORE BOULEVARD 4751 GULF SHORE BOULEVARD NAPLES, FL 34940 NAPLES, FL 34940 01302006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 85-0469962 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE COMER, BRUCE 4751 GULF SHORE BOULEVARD IN THIS SPACE NAPLES, FL 34940 8. 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. I am familiar with, and accept the obligations of registered agent. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE COMER, BRUCE NAME STREET ADDRESS 4751 GULF SHORE BOULEVARD NAPLES, FL 34940 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIE TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP





FILED