## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000058547

FILED Mar 27, 2006 Secretary of State

Entity Nam	ie: D.R. SIGI	NATURE'S PRINTING COMPA	ANY, INC.				
Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:			
4085 LB MO SUITE C ORLANDO							
Current Ma	ailing Addres	s:	New Maili	New Mailing Address:			
4085 LB MO SUITE C ORLANDO							
FEI Number:	59-3655376	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Statu	s Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
SUITE C	RAJESH ICLEOD RD. , FL 32811 U	S					
The above in the State		submits this statement for the p	ourpose of changing i	ts registered o	office or registered	agent, or both,	
SIGNATUR	:E:						
	Electron	ic Signature of Registered Age	ent		Date		
Election Cam	paign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D ( ) LAXMAN, DEEF 4085 LB MCLE ORLANDO, FL	OD RD	Title: Name: Address: City-St-Zip:	P (X LAXMAN, RAJE 4085 LB MCLE ORLANDO, FL	OD RD		

Title: (X) Change ( ) Addition

() Delete Title: LAXMAN, RAJESH LAXMAN, DEEPAK Name: Name: Address: 4085 LB MCLEOD RD Address: 4085 LB MCLEOD RD ORLANDO, FL 32811 City-St-Zip: ORLANDO, FL 32811 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAJESH LAXMAN Ρ 03/27/2006