2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 29, 2008 8:00 am Secretary of State **DOCUMENT # P00000093628** 01-29-2008 90009 012 ***150.00 SIGNATURE EQUITY GROUP, INC. Principal Place of Business Mailing Address 4609 B-3 NW 6TH STREET 4609 B-3 NW 6TH STREET GAINESVILLE, FL 32609 GAINESVILLE, FL 32609 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 325 NW 53RD AVENUE 325 NW 53AD AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. 01252008 Chg-P CR2E034 (12/06) SUITE E 4. FEI Number Applied For City & State City & State GAINESVILLE, 59-3674453 GANESVILL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32653 +LACHUA Fee Required PLACHUA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHESHIRE LARRY CHESHIRE, LARRY Street Address (P.O. Box Number is Not Acceptable) /325 NW 5 340 AVENUE 4609 B-3 NW 6TH STREET GAINESVILLE, FL 32609 Zip Code 3265 3 TAINESVILLE 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 SIGNATURE_ (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. **PSD** P50 ☐ Addition TITLE TITLE Change ☐ Delete CHESHINE, LARRY 1325 NW 53RD AVE, SUITE E CHESHIRE, LARRY NAME STREET ADDRESS STREET ADDRESS 4609 B-3 NW 6TH STREET CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE, FL 32609 GAINESVILLE, FL 32653 ☐ Change ☐ Addition TITLE ☐ Delete TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 altrachment with an address, with all other like empowered.

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CITY-ST-ZIP

1-26-08

352-375-2121

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