2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 8:00 am Secretary of State

DOCUMENT # P01000099933 1. Entity Name SIGNATURE BUILT BY DAVID HELMS, INC.						01-23-2006 90118 020 ***158.75				
Principal Place of Business Mailing Address					,		2	UUUZ	431	
4615 GULF BOULEVARD SUITE 104-132 ST. PETE BEACH, FL 33706		4615 GULF BOULEVARD SUITE 104-132 ST. PETE BEACH, FL 33706								
2. Principal Place of Business 7217 Gule Plub		3. Mailing Address 7217 GULF 3								
Suite, Apr. #, etc.		Suite, Apt. #, etc.			01192006	Chg-P	CR2E	034 (11/05)		
ST PETE BEACH, FL		City & State 57 PETE BEACH,		FL	4. FEI Number 59-3753941			<u> </u>	plied For t Applicable	
Zip 3370	Country USA			ry 4 -		5. Certificate of Status Desired			\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Register					Agent	
LANGE S	MADDEN I			Name						
KNAUST, WARREN J 2167 5 AVE N ST. PETERSBURG, FL 33713				Street Address (P.O. Box Number is Not Acceptable)						
0111 2121(050)(0,12 001)(0										
				City	FL Zip Code					
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution				cing	\$5 . Add	.00 May Be led to Fees				
10.	OFFICERS AND DIRECTORS 1					ADDITIONS/	CHANGES TO OFF	ICERS AN	D DIRECTORS	S IN 11
TATLE			1ITLE NAME		\mathcal{D}^-	~< DA.11V	`		Change Change	☐ Addition
NAME STREET ADDRESS				ET ADDRESS	1721	HELMS, DAVID , SUITE 132				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			-ST-ZIP	51	PETE BEA	1CU, TL 33	5706		
TITLE		☐ Delete	TITLE						Change	☐ Addition
NAME STREET ADDRESS			NAM	E Et adores s						
CITY-ST-ZIP				-\$1-ZIP						
TITLE	Delete		TITLE	TITLE					☐ Change	Addition
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TITLE		☐ Delete	TITLE						☐ Change	Addition
NAME			NAM							
STREET ADDRESS				ET ADDRESS - St-ZIP						
CITY-ST-ZIP	cortify that the information supplied with	this filian does not qualify fo			ontaine	d in Chanter 110	Florida Statutes	I further ce	rtify that the in	nformation

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied to the control of the corporation or the receiver of the exemption of the corporation or the receiver of the 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.

SIGNATURE:

DAVID HELMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/16

727-360-4088

Daytime Phone #