

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 26, 2006 8:00 am
Secretary of State

05-05-2006 90188 050 ***150.00

DOCUMENT # P02000040093 1. Entity Name EXPAND A SIGN USA INC.	
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Principal Place of Business 413 N E BAKER ST STUART, FL 34994	Mailing Address 413 N E BAKER ST STUART, FL 34994
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66020693



04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

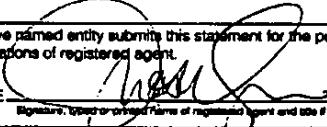
4. FEI Number 04-3641665	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HARDIE, RENEE
40 SE OSCEOLA STREET
STUART, FL 34994

**DO NOT WRITE
IN THIS SPACE**

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  DATE 4.25.06

Signature: Typed or stamped name of registered agent and title if applicable. (NOTE: Registered Agent signature required when requesting)

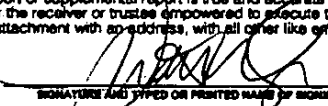
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST GRICE, JUDITH 1934 S E CAMDEN ST PORT ST LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 attachment with an address, with all other like empowered.

SIGNATURE:  DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR