2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 21, 2006 8:00 am **Secretary of State** DOCUMENT # P02000089355 1. Entity Name 02-21-2006 90031 025 ***158.75 CKH SIGNS & GRAPHICS CENTER, INC. Principal Place of Business Mailing Address 1133 BAL HARBOR BLVD. 204 E MCKENZIE ST #1139 PMB 314 PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 3. Mailing Address 2. Principal Place of Business 12175 SW Aushin Ave Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Suzy City & State 4. FEI Number Applied For 30-0103738 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JUNG, HUBERT F Street Address (P.O. Box Number is Not Acceptable) 12175 SW AUSTIN AVE LAKE SUZY FL 34269 City Zip Code 8. The above named entity a 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 reg SIGNATURE and little it annificable (NOTE: Registered Agent signature regizted when reinstature) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. THILE TITLE Change Delete JUNG, ANDREA É SR. VP NAME STREET ADDRESS 12175 SW AUSTIN AVE STREET ADDRESS LAKE SUZY FL 34269 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE TITLE MICHAEL, BURDICK VP NAME NAME STREET ADDRESS STREET ADDRESS 1684 BLUE LAKE CIR CITY-ST-ZIP PUNTA GORDA FL 33983 CITY-ST-ZIP · 🖾 Deleta 🚄 .HILE... Addition 7:017 NAME JUNG, HUBERT PRES STREET ADDRESS STREET ADDRESS 12175 SW AUSTIN AVE CITY-ST-ZIP CITY-ST-7IP LAKE SUZY FL 34269 ☐ Channe Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2iP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Irustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block Tor Block of changed, or on an attachment with an address, with all other like empowered.

FILED