

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000128931

1. Entity Name
SIGNATURE A/C SYSTEMS INC.



**FILED
Jul 11, 2008 8:00 am
Secretary of State**

07-11-2008 90017 044 ***550.00

40110314



07032008 Chg-P CR2E034 (12/06)

Principal Place of Business
410 NW LAKE WHITNEY PL
PORT ST LUCIE, FL 34986

Mailing Address
1756 S.E. CLEARMONT ST.
PORT ST LUCIE, FL 34983

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
410 NW Lake Whitney Pl
Suite, Apt. #, etc.
City & State
Port St Lucie FL
Zip 34986 Country USA

4. FEI Number
55-0806115

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
WAYNE, MICHAEL R
1756 S.E. CLEARMONT ST.
PORT ST LUCIE, FL 34983

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAYNE, MICHAEL R 1756 S.E. CLEARMONT ST. PORT ST LUCIE, FL 34983	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-08

772-340-0350

Date

Daytime Phone #