2007 FOR PROFIT CORPORATION

FILED Apr 03, 2007 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P03000024967 1. Entity Name 04-03-2007 90012 014 ***150 00 A SIGN A SELL, INC. Principal Place of Business Mailing Address 2012 SOUTHWIND CIRCLE 2012 SOUTHWIND CIRCLE PENSACOLA FL 32506 PENSACOLA FL 32506 2. Principal Place of Business - No P.O. Box # Mailing Address 2012 ~ THWINDSuite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) State City & State 4. FEI Number Applied For 04-3757357 Was Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Eslamba 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered MARKHAM, RANDALL G SR. 2012 SOUTHWIND CIR PENSACOLA FL 32506 8. The above named entity submite this Natement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, lyped or printed to FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 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 DP TITLE ☐ Delete HILL □ Change ☐ Addition MARKHAM, LINDA J NAM NAME 2012 SOUTHWIND CIR STREET ADDRESS STREET LADDRESS PENSACOLA FL 32506 CHY-SI-7IP CITY ST ZIP THE Delete HHI Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST ZIP 11717 TITLE Change 🗌 Addiction NAME NAME STREET ADDRESS STREET ADORESS CHY ST-ZIP CHY ST ZIP HILE Defete HRE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST ZIP ☐ Delete THLE DILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Change THE ☐ Delete TITLE Addition NAME NAME STRLET ADDRESS STREET ADDRESS CITY S1-ZIP CITY-ST ZIP I hereby certify that the information supplied with this filling 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 eath; 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.

Daytime Phone #