


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000051553 1. Entity Name DIANA'S GRAPHICS & SIGNS, INC.	
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Principal Place of Business 31601 COLBY PLACE SORRENTO, FL 32776	Mailing Address 31601 COLBY PLACE SORRENTO, FL 32776
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DO NOT WRITE IN THIS SPACE



06242005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2356602	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

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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 Spiegel + Utrera, P.A. DATE 6-22-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MCLANE, DIANA 205 E. 12TH AVENUE MT. DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCLANE, JOHN 205 E. 12TH AVENUE MT. DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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06/29/05-80001-007 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Diana McLane Diana McLane 6-22-05 407-923-2755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #