

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000098726

FILED
Sep 15, 2005
Secretary of State**Entity Name:** SIGNATURE FINANCIAL SOLUTIONS INC**Current Principal Place of Business:**421 WEST LAKE BRANTLEY ROAD
ALTAMONTE SPRINGS, FL 32714**New Principal Place of Business:****Current Mailing Address:**421 WEST LAKE BRANTLEY ROAD
ALTAMONTE SPRINGS, FL 32714**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BARIA, INGRID M
224 PORTSMOUTH COVE
LONGWOOD, FL 32779 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DP () Delete
Name: BARIA, INGRID M
Address: 224 PORTSMOUTH COVE
City-St-Zip: LONGWOOD, FL 32779**Title:** VP (X) Delete
Name: GARCIA, JAIRO
Address: 2341 PIEDMONT LAKES BLVD
City-St-Zip: APOKA, FL 32703**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INGRID BARIA

DP

09/15/2005

Electronic Signature of Signing Officer or Director

Date