

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000002637

Entity Name: TEGA SIGNS, INC.

FILED  
Jan 23, 2006  
Secretary of State

## Current Principal Place of Business:

1115 WYNNEWOOD DR.  
WEST PALM BEACH, FL 33417 US

## Current Mailing Address:

1115 WYNNEWOOD DR.  
WEST PALM BEACH, FL 33417 US

## New Principal Place of Business:

870 COTTON BAY DR W  
#403  
WEST PALM BEACH, FL 33406 US

## New Mailing Address:

PO BOX 22423  
WEST PALM BEACH, FL 33416 US

FEI Number: 20-3894155

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EVANS, ROBERT T  
1115 WYNNEWOOD DR.  
WEST PALM BEACH, FL 33417 US

## Name and Address of New Registered Agent:

EVANS, AARON H  
870 COTTON BAY DR W.  
#403  
WEST PALM BEACH, FL 33406 US

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: AARON EVANS

01/23/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: EVANS, ROBERT T  
Address: 1115 WYNNEWOOD DR.  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: VP ( ) Delete  
Name: EVANS, AARON H  
Address: PO BOX 22423  
City-St-Zip: WEST PALM BEACH, FL 33416 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: EVANS, AARON H  
Address: 870 COTTON BAY DR W. #403  
City-St-Zip: WEST PALM BEACH, FL 33406 US

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 Chapter 119, 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: AARON H EVANS

P/V/P

01/23/2006

Electronic Signature of Signing Officer or Director

Date