

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90478 048 ***150.00

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DOCUMENT # P05000014871					
1. Entity Name SIGNATURE DISTRIBUTION COMPANY					
Principal Place of Business 15480 AVIATION LOOP DRIVE BROOKSVILLE, FL 34609 US			Mailing Address 7211 HIAWATHA PARKWAY SPRING HILL, FL 34606 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2229341	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
5. Name and Address of Current Registered Agent VIRGILIO, RAYMOND P 7211 HIAWATHA PARKWAY SPRING HILL, FL 34606				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 available if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST NAHAI, GARY J 148 STULTS LANE EAST BRUNSWICK, NJ 08816	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	15480 AVIATION LOOP DR. BROOKSVILLE, FL 34604	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NAHAI, XIAO Y 148 STULTS LANE EAST BRUNSWICK, NJ 08816	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	15480 AVIATION LOOP DR. BROOKSVILLE, FL 34604	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 807, 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: <i>GARY J. NAHAI</i> GARY J. NAHAI			Date 4/27/06 352-799-1060		