2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2007 8:00 am Secretary of State **DOCUMENT # P05000014871** 04-26-2007 90180 018 ***150.00 1. Entity Name SIGNATURE DISTRIBUTION COMPANY Principal Place of Business Mailing Address 15480 AVIATION LOOP DRIVE 7211 HIAWATHA PARKWAY BROOKSVILLE, FL 34609 SPRING HILL, FL 34606 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEi Number 20-2239541 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VIRGILIO, RAYMOND P Street Address (P.O. Box Number is Not Acceptable) 7211 HIAWATHA PARKWAY SPRING HILL, FL 34606 City Zip Code FL 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 and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPST TITLE Delete TITLE ☐ Change ■ Addition NAHAI, GARY J NAME NAME 15480 AVIATION LOOP DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BROOKSVILLE, FL 34604 CITY-ST-ZIP DVP TITLE ☐ Delete TITLE ☐ Change Addition NAHAI, XIAO Y NAME NAME 15480 AVIATION LOOP DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BROOKSVILLE, FL 34604 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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:

FILED