


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90175 048 \*\*\*150.00

<b>DOCUMENT # P05000022033</b>	
1. Entity Name <b>MAIN STREET SIGNS, INC.</b>	

Principal Place of Business <b>1113 SANDALWOOD CIRCLE NICEVILLE, FL 32578</b>	Mailing Address <b>1113 SANDALWOOD CIRCLE NICEVILLE, FL 32578</b>
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2. Principal Place of Business <b>225 Main Street</b>	3. Mailing Address <b>225 Main Street</b>
Suite, Apt. #, etc. <b>Unit 21</b>	Suite, Apt. #, etc. <b>Unit 21</b>
City & State <b>Destin</b>	City & State <b>Destin</b>
Zip <b>FL 32541</b>	Zip <b>FL 32541</b>

40000000



02202006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-2332196</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>MOORE, BERT 1169 JOHN SIMS PARKWAY NICEVILLE, FL 32578</b>	
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7. Name and Address of New Registered Agent	
Name <b>Gayle M. Susman</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1113 Sandalwood Circle</b>	
City <b>Niceville</b>	FL Zip Code <b>32578</b>

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 <b>Gayle Susman</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>3/5/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, BERT 1169 JOHN SIMS PARKWAY NICEVILLE, FL 32578 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Mike Susman 1113 Sandalwood Circle Niceville, FL 32578 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Jeff Susman 1113 Sandalwood Circle Niceville, FL 32578 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. & Sec. Gayle Susman 1113 Sandalwood Circle Niceville, FL 32578 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <b>Gayle Susman</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>3/5/06</b> Daytime Phone # <b>(850)897-3917</b>