


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90208 031 \*\*\*158.75

<b>DOCUMENT # P05000025604</b> 1. Entity Name <b>SBC SIGNWORKS, INC.</b>					
Principal Place of Business <b>2601 EAST HENRY AVENUE BLDG E TAMPA, FL 33610 US</b>			Mailing Address <b>2601 EAST HENRY AVENUE BLDG E TAMPA, FL 33610 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>HART, HARRIS C 2601 EAST HENRY AVENUE BLDG E TAMPA, FL 33610</b>				7. Name and Address of New Registered Agent Name <b>Briget E. Hart</b> Street Address (P.O. Box Number is Not Acceptable) <b>2601 E. Henry Ave Bldg E</b> City <b>Tampa</b> State <b>FL</b> Zip Code <b>33610</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>Briget E. Hart</b> DATE <b>04/23/06</b> <small>Signature, typed or printed name of registered agent and title if applicable (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</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, BENNY M 2601 EAST HENRY AVENUE, BLDG E TAMPA, FL 33610		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HART, HARRIS C 2601 EAST HENRY AVENUE, BLDG E TAMPA, FL 33610		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOLLEY, JOSEPH F IV 2601 EAST HENRY AVENUE, BLDG E TAMPA, FL 33610		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HART, BRIGET E 2601 EAST HENRY AVENUE, BLDG E TAMPA, FL 33610		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOMEZ, NANCY L 2601 EAST HENRY AVENUE, BLDG E TAMPA, FL 33610		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   		<input type="checkbox"/> Delete		
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>Briget E. Hart</b> DATE: <b>04/23/06</b> DAYTIME PHONE: <b>813-239-2409</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

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04232006 Chg-P CR2E034 (11/05)

4. FEI Number **20-2368515** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required