2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2006 8:00 am Secretary of State

| DOCUMENT # P05000074401 1. Entity Name SIGN TRAX, INCORPORATED Principal Place of Business 11320 MONTE VISTA DRIVE CLERMONT, FL 32868 US Mailing Address 11320 MONTE VISTA DRIVE CLERMONT, FL 32868 | | | | | 02-13-2006 90013 047 ***150.00 | | | |
|--|---|--|--|--|---|---------------------------------------|---------------------|----------------|
| | | | | I | | | | |
| Principal Place of Business 3. Mailing Addr | | | ng Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 01112006 | Chg-P C | R2E034 (11/05) |) |
| City & State | | City & State | | | 4. FEI Number Applied For Ob - 174 7606 Not Applied For Not Applied For | | | |
| Zip | Country | Žip | Coun | itry | 5. Certificate | of Status Desired | £0.75 | ditional |
| | 6. Name and Address of Current | t Registered Agent | | Name | 7. Name an | Address of New Regist | | |
| | CK INTE VISTA DRIVE NT, FL 32868 | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | · · | | | City | <u>-</u> | | FL Zip Cox | t o |
| 8. The above | named entity submits this statement f | or the purpose of changing it | 3 register | ed office or registe | ered agent, or be | oth, in the State of Florida. | 1 am familiar with | , and accept |
| SIGNATURE. | | | | | | | | |
| | Signature, typed or printed name of registered agent | if and title if applicable. (NO | TE: Angiasse | d Agant algorithm require | rd when minetaing) | T | DATE | |
| FIL ··· After M: | E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550 | 9. Election Campa Trust Fund Cor | | | .00 May Be ded to Fees | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS | L /CHANGES TO OFFICER: | S AND DIRECTOR | IS IN 11 |
| TIFLE Name | P KING, BOBBI | ☐ Deletz | TITLE | • • | ± * | | ` 🔲 Change] | Addition |
| STREET ADDRESS CITY-ST-70P | 11320 MONTE VISTA DRIVE CLERMONT, FL 32868 | | STRE | ET ADDRESS - ST- ZIP | ٠. | | • | |
| TILE | VP | ☐ Deletz | mu | , | • • | ··· | Change | C Addition |
| NAME STREET ADDRESS | KING, KELLY 11320 MONTE VISTA DRIVE | | STRE | E Et address | | | | |
| CITY-SI-ZIP | CLERMONT, FL 32868 | <u> </u> | CITY | -ST-ZP | - · | | | |
| TITLE NAME | S KING, DARLA | Octob | TITLE HANG | | | | ☐ Change | ☐ Addition |
| STREET ADDRESS CITY-ST-7P | 11320 MONTE VISTA DRIVE CLERMONT, FL 32868 | | STRE | ET ADDRESS - ST-23P | | | | |
| TILE | | () Delste | mu | · • | ······································ | | Change | ☐ Addition |
| STREET ADDRESS CITY-ST-2P | | | | E ET ADORESS • ST • ZIP | | · · · · · · · · · · · · · · · · · · · | · | |
| TITLE | | ☐ Delete | TITLE | | | | ☐ Change | Addition |
| NAME Street address | | | NAM! STRE | E Et address | | | | |
| CITY-ST-ZP | | | | -ST-ZIP | | | | |
| TITLE NAME | | ☐ Octobe | TITLE | | | | ☐ Change | ☐ Addition |
| STREET ADDRESS CITY-SI-ZIP | | | STRE | ET ADDRESS -SI-ZIP | | | | |
| 12. I hereby indicated of the co | Learning that the information supplied with long this report or supplemental report poration or the receiver or trustee empression or the receiver or trustee empression. | is true and accurate and that cowered to execute this repor | or the exe my signat 1 as requir | emptions contained ture shall have the | same legal effe | ct as if made under oath; ti | hat I am an officer | or director 1 |
| · . changed | or on an attachment with an address, | with all other like empowered | 5. ' ' ' ' | | ./ | 1-30-06 | | 41676 |
| SIGNAT | UKE: IVUIUYO | | | י <i>י טעטע</i> ר | 7/47 | 1 30 00 | <u> </u> | 11616 |

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2006

SIGN TRAX, INCORPORATED 11320 MONTE VISTA DRIVE CLERMONT, FL 32868 US

Subject: SIGN TRAX, INCORPORATED

Reference Number:

P05000074401

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LM ANNUAL REPORTS SECTION