2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000079979

Address:

City-St-Zip:

3317 N. CHAMBERLAIN BLVD.

NORTH PORT, FL 34286

Entity Name: SIGNATURE SECURITY & SOUND DESIGN. INC

FILED Mar 14, 2006 Secretary of State

_many man	mer clary transfer descript a sec	Decicity, invo.		
Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
4949 BULI N. PORT,		8169 DOROTHY AVE N. PORT, FL 34287	8169 DOROTHY AVE N. PORT, FL 34287	
Current M	lailing Address:	New Mailing Addres	New Mailing Address:	
4949 BULLARD ST. N. PORT, FL 34287		8169 DOROTHY AVE N. PORT, FL 34287	8169 DOROTHY AVE N. PORT, FL 34287	
FEI Number	: FEI Number Applied Fo	r () FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and	Address of Current Registered Ag	jent: Name and Address	Name and Address of New Registered Agent:	
	AM EVA RD. SOUTH "A, FL 34233 US		PREWETT, DAN 5777 BENEVA RD. SOUTH SARASOTA, FL 34233 US	
	named entity submits this statement e of Florida.	for the purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE: DAN PREWETT		03/14/2006	
	Electronic Signature of Registe	ered Agent	Date	
Election Car	mpaign Financing Trust Fund Contribution	().		
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete SMITH, NATHANIEL T 4949 BULLARD ST. N. PORT, FL 34287	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete SEPP, SAMUEL T 8169 DOROTHY AVE. N. PORT, FL 34287	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S () Delete WAMPNER, MARK D	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: NATHANIEL T SMITH PRES 03/14/2006