

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000149542

Entity Name: PINNACLE SIGNWORKS, INC.

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

30948 OAKMONT AVE  
MT PLYMOUTH, FL 32776

## New Principal Place of Business:

1169 WEST AIRPORT BLVD  
SANFORD, FL 32773

## Current Mailing Address:

30948 OAKMONT AVE  
MT PLYMOUTH, FL 32776

## New Mailing Address:

1169 WEST AIRPORT BLVD  
SANFORD, FL 32773

FEI Number: 20-8013191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RITCHIE, ROBIN  
30948 OAKMONT AVE  
MT PLYMOUTH, FL 32776 US

## Name and Address of New Registered Agent:

RITCHIE, ROBIN  
1169 WEST AIRPORT BLVD  
SANFORD, FL 32773 US

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.

SIGNATURE: ROBIN RITCHIE

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete  
Name: RITCHIE, ROBIN  
Address: 30948 OAKMONT AVE  
City-St-Zip: MT PLYMOUTH, FL 32776

Title: DV ( ) Delete  
Name: RITCHIE, THOMAS  
Address: 30948 OAKMONT AVE  
City-St-Zip: MT PLYMOUTH, FL 32776

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition  
Name: RITCHIE, ROBIN  
Address: 1169 WEST AIRPORT BLVD  
City-St-Zip: SANFORD, FL 32773

Title: DV (X) Change ( ) Addition  
Name: RITCHIE, THOMAS  
Address: 1169 WEST AIRPORT BLVD  
City-St-Zip: SANFORD, FL 32773

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: ROBIN RITCHIE

DPST

04/30/2007

Electronic Signature of Signing Officer or Director

Date