2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000018582

SCHOFIELD, DANNY

SUNRISE, FL 33322 US

2981 N. NOBHILL RD., APT. 204

Name:

Address:

City-St-Zip:

Entity Name: SIGNATURE STYLES PRODUCTION INC.

FILED Jan 23, 2008 Secretary of State

Current Pi	rincipal Pla	ce of Business:	New Principal Place	of Busine:	ss:
2981 N. NO APT. 204 SUNRISE,	DBHILL RD. FL 33322	US	15795 NW 12TH CT. PEMBROKE PINES, F	L 33028	US
Current M	ailing Addr	ess:	New Mailing Address	s:	
2981 N. NO APT. 204 SUNRISE,	DBHILL RD. FL 33322	US	15795 NW 12TH CT. PEMBROKE PINES, F	L 33028	US
FEI Number:	20-8431546	FEI Number Applied For ()	FEI Number Not Applicable ()	Certifica	ate of Status Desired ()
Name and	Address of	Current Registered Agent:	Name and Address of	f New Reg	jistered Agent:
APT. 204 SUNRISE,	DBHILL RD. FL 33322 (purpose of changing its registered	d office or r	registered agent or both
in the State		y submits this statement for the	purpose of changing its registered	office of f	egistered agent, or both,
SIGNATUR	RE:				
	Electr	onic Signature of Registered Ag	ent		Date
Election Can	npaign Financ	ing Trust Fund Contribution ().			
OFFICERS	AND DIRE	CTORS:	ADDITIONS/CHANGE	S TO OFF	FICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	SCHOFIELD	HILL RD., APT. 204	Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name: Address: City-St-Zip:	TRACEY, OT	BHILL RD., APT. 204	Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name: Address: City-St-Zip:	TRACEY, OT	BHILL RD., APT. 204	Title: Name: Address: City-St-Zip:	() Change	() Addition
Title:	DIR	() Delete	Title:	() Change	() Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DANNY SCHOFIELD PRES 01/23/2008
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