## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000036602

Entity Name: WE SIGN IT, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2093 SW SAVAGE BLVD 17 NUEVO LEON

PORT SAINT LUCIE, FL 34953 PORT SAINT LUCIE, FL 34952

Current Mailing Address: New Mailing Address:

2093 SW SAVAGE BLVD 17 NUEVO LEON

PORT SAINT LUCIE, FL 34953 PORT SAINT LUCIE, FL 34952

FEI Number: 42-1727291 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NAKLICKI, ROBERT M
2093 SW SAVAGE BLVD

NAKLICKI, ROBERT M
17 NUEVO LEON

PORT SAINT LUCIE, FL 34953 US PORT SAINT LUCIE, FL 34952 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: 04/29/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete Title: CEO (X) Change ( ) Addition

 Name:
 NAKLICKI, ROBERT M
 Name:
 NAKLICKI, ROBERT M

 Address:
 326 VILLA STREET
 Address:
 17 NUEVO LEON

City-St-Zip: ROCKY MOUNT, NC 27804 City-St-Zip: PORT SAINT LUCIE, FL 34952

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: ROBERT M NAKLICKI CEO 04/29/2009

Electronic Signature of Signing Officer or Director

Date