

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000114106

**FILED**  
**Feb 24, 2009**  
**Secretary of State**

**Entity Name:** THE SIGN DOCTOR GROUP CORP

**Current Principal Place of Business:**

6130 EDGEWATER DR  
SUITE F  
ORLANDO, FL 32810

**New Principal Place of Business:**

6120 EDGEWATER DR  
SUITE E  
ORLANDO, FL 32810

**Current Mailing Address:**

6130 EDGEWATER DR  
SUITE F  
ORLANDO, FL 32810

**New Mailing Address:**

6120 EDGEWATER DR  
SUITE E  
ORLANDO, FL 32810

**FEI Number:** 26-1662488

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANCHEZ, MICHELLE  
14718 TULLAMORE LOOP  
WINTER GARDEN, FL 34787 US

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

TADEU, FABIO  
5237 LANAI DRIVE  
ORLANDO, FL 32812 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: FABIO TADEU

02/24/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SANCHEZ, MICHELLE  
Address: 14718 TULLAMORE LOOP  
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP (X) Delete  
Name: DAVILA, THIAGO  
Address: 14718 TULLAMORE LOOP  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: TADEU, FABIO  
Address: 5237 LANAI DRIVE  
City-St-Zip: ORLANDO, FL 32812

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FABIO TADEU

P

02/24/2009

Electronic Signature of Signing Officer or Director

Date