2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000086277

Entity Name: SIGNATURE PUBLISHING COMPANY

FILED Apr 15, 2009 Secretary of State

,							
Current Principal Place of Business:				New Principal Place of Business:			
1015 W NEWPORT CENTER DR SUITE 104 DEERFIELD BEACH, FL 33442				1015 W NEWPORT CENTER DR SUITE 104 DEERFIELD BEACH, FL 33442			
Current Mailing Address:				New Mailing Address:			
1015 W NEWPORT CENTER DR SUITE 104 DEERFIELD BEACH, FL 33442				1015 W NEWPORT CENTER DR SUITE 104 DEERFIELD BEACH, FL 33442			
FEI Number:	: 26-3404456	FEI Number Applied For ()	FEI Nur	mber Not Appl	icable ()	Certificate of Status Desir	ed ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
FURTADO, ZILDILAINE 1015 W NEWPORT CENTER DR SUITE 104 DEERFIELD BEACH, FL 33442 US				FURTADO, ZILDILAINE 1015 W NEWPORT CENTER DR SUITE SUITE 104 DEERFIELD BEACH, FL 33442 US			
	named entity of Florida.	submits this statement for the	purpose o	of changing i	ts registered o	office or registered agent	, or both,
SIGNATURE:				04/15/2009			
Electronic Signature of Registered Agent						Date	
Election Car	npaign Financir	ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	FURTADO, ZÌI 1015 W NEW) Delete LDILAINE PORT CENTER DR SUITE 104 BEACH, FL 33442		Title: Name: Address: City-St-Zip:	()) Change () Addition	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	SOUZA, JOLCE 1015 W. NEW) Change (X) Addition ELI PORT CENTER DRIVE SUITE EACH, FL 33442 US	E 104

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: JOLCELI SOUZA VP 04/15/2009