2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# P35972

Entity Name: SIGNATURE COMBS, INC.

Current Principal Place of Business:

4050 SW 11TH TERRACE
FORT LAUDERDALE, FL 33315 US

New Principal Place of Business:

Current Mailing Address:

201 S ORANGE AVENUE
SUTIE 1100, TAX DEPT.
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 48-1052682 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: VAN ALLEN, BRUCE S
Address: 32245 EAVESTRAIN TRAIL
City-St-Zip: SORRENTO, FL 32776

Title: PCEO ( ) Delete
Name: JAN ALLEN, BRUCE S
Address: 32245 EQESTRIAN TRAIL
City-St-Zip: SORRENTO, FL 32776

Title: S ( ) Delete
Name: GOLDSTEIN, JOSEPH I
Address: 9169 BAY HILL BLVD
City-St-Zip: ORLANDO, FL 32819

Title: AS ( ) Delete
Name: MARCINIK, DANIEL V
Address: 7 TALLOWOOD LANE
City-St-Zip: AMESBURY, MA 01913

Title: TCFO ( ) Delete
Name: LEE, STEVEN W
Address: 2071 MOHICAN TRAIL
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: VAN ALLEN, BRUCE S
Address: 32245 EQUESTRAIN TRAIL
City-St-Zip: SORRENTO, FL 32776

Title: PCEO (X) Change ( ) Addition
Name: VAN ALLEN, BRUCE S
Address: 32245 EQESTRIAN TRAIL
City-St-Zip: SORRENTO, FL 32776

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

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

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: ASSISTANT SECRETARY AS 04/27/2007

Electronic Signature of Signing Officer or Director Date