

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000056059</b> 1. Entity Name SIGNS OF JOY, INC.		
Principal Place of Business 4324 NORTH FEDERAL HWY. FT. LAUDERDALE, FL 33308		Mailing Address 4324 NORTH FEDERAL HWY. FT. LAUDERDALE, FL 33308
<b>DO NOT WRITE IN THIS SPACE</b>		
		
04222005 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-0430054		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  WEITZ, RAY 4324 NO. FEDERAL HWY. FT. LAUDERDALE, FL 33308		<b>DO NOT WRITE IN THIS SPACE</b>
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  U00000340435 04/28/05-80117-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEITZ, RAY 4324 N. FED. HWY. FT. LAUDERDALE, FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WEITZ, LINDA S 4324 N. FED. HWY. FT. LAUDERDALE, FL 33308	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-27-05 954-776-2289 Date Daytime Phone #