2007 FOR PROFIT CORPORATION ANNUAL REPORT **FILED** Feb 14, 2007 08:00 AM DOCUMENT # P96000042937 **Secretary of State** DJ'S SIGNS & GRAPHICS, INC. Principal Place of Business Mailing Address P 0 BOX 1822 P 0 BOX 1822 APOPKA, FL 32703 APOPKA, FL 32703 02122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3374986 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOHNSTON, DAVID DO NOT WRITE 1448 EDEN DR APOPKA, FL 32703 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing

FILE	NOWILL	FEE IS	\$150	.00
After May	/ 1, 200°	7 Fee w	riil be	\$550.00

Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. PDT TITLE JOHNSTON, DAVID NAME STREET ADDRESS 1448 EDEN DRIVE CITY-ST-7IP APOPKA, FL 32703 TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

U00000634902 02/22/07-80031-004 150.00

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP