

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # P97000001232 1. Entity Name SIGNS IN ONE DAY OF CAPE CORAL, INC.	
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Principal Place of Business 4408-A DEL PRADO BLVD CAPE CORAL, FL 33904-7212 US	Mailing Address 4408-A DEL PRADO BLVD CAPE CORAL, FL 33904-7212 US
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DO NOT WRITE IN THIS SPACE



04082006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0721785	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NATION, MICHAEL 4408-A DEL PRADO BLVD CAPE CORAL, FL 33904

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NATION, MICHAEL 4408-A DEL PRADO BLVD CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BRIGHT, SHAWN 505 SE 34TH ST CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000545756
05/11/06-80090-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: Shawn M. Bright Shawn M. Bright 4/25/06 239-540-7446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #