

2006 FOR PROFIT CORPORATION ANNUAL REPORT


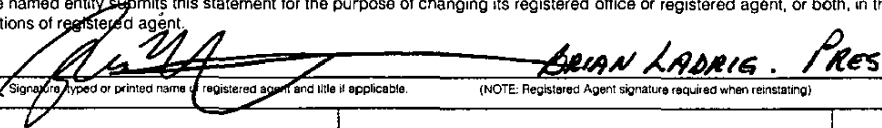
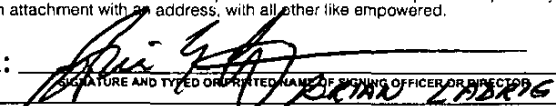
FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90045 035 ***150.00

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01122006 Chg-P CR2E034 (11/05)

DOCUMENT # P97000031802			
1. Entity Name DIRECT SIGN AND TINT, INC.			
Principal Place of Business 2325 MOOREHAVEN DR. W CLEARWATER, FL 33763		Mailing Address 2325 MOOREHAVEN DR. W CLEARWATER, FL 33763	
2. Principal Place of Business 11789 DAVID COURT Suite, Apt. #, etc.		3. Mailing Address 11789 DAVID COURT Suite, Apt. #, etc.	
City & State SEMINOLE FL		City & State SEMINOLE FL	
4. FEI Number 59-3451367		Applied For Not Applicable	
Zip 33778		Country	
Zip 33778		Country	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LADRIG, BRIAN 2325 MOOREHAVEN DR. W CLEARWATER, FL 33763		7. Name and Address of New Registered Agent Name LADRIG, BRIAN Street Address (P.O. Box Number is Not Acceptable) 11789 DAVID COURT City SEMINOLE FL Zip Code 33778	
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 		BRIAN LADRIG, Pres 1/30/06	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LADRIG, BRIAN E 2325 MOOREHAVEN DR. W CLEARWATER, FL 33763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P LADRIG, BRIAN E 11789 DAVID COURT SEMINOLE FL 33778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		PRESIDENT 1/30/06 727-399-9767	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	