2008 FOR PROFIT CORPORATION

ANNUAL REPORT					Apr 23, 2008 08:00 A			
DOCU	MENT # P970000318		Secretary of State			ry of State		
Entity Name DIRECT SIGN, INC.								
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Principal Plac	ce al Business	Mailing Address						
11789 DAVID CT								
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			03072008 No Chg-P CR2E034 (11/05)					
· [OO; NOT WRITE	CE	4. FEI Numb	er		Applied For		
				59-34513		_ \$8.7	Not Applicable 5 Additional	
	:	1	,	5. Certificate	of Status Desired		equired	
ļ <u> </u>	6. Name and Address of Current Rog	istered Agent	,		,			
LADRIG, BRIAN E 11789 DAVID CT			, ,	DO	NOT W	RITE		
SEMINOLE, FL 33778			*	IN ⁻	THIS SP	ACE		
					,			
	named entity submits this statement for the	purpose of changing its register	l ed affice or register	red agent, or bo	th, in the State of Flor	ida I am familia	r with, and accept	
_	tions of registered agent.	•						
SIGNATURE.	Signature, typed or printed name of registered agent and to	tle if applicable (NOTE: Régistere	d Agent signature required	twhen reinstating)	*	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ed to Fees	0000000 05/03/08-8	915256 80007-020	150.00	
10.	OFFICERS AND DIR	ECTORS						
TITLE NAME	P LADRIG, BRIAN E	•			•			
STREET ADDRESS	11789 DAVID CT							
TITLE	SEMINOLE, FL 33778		-]	
NAME STREET ADDRESS				·				
CITY-SI-ZIP			,		er eg			
TITLE			,		•			
STREET ADDRESS		•		DO	NOT W	RITE		
CITY-ST-ZIP			*. * *.	•	THIS SP			
NAME				IIN	I IIIO OF	ACE		
STREET ADDRESS CITY-ST-ZIP			•	î,	• ‡			
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STREET ADDRESS								
CITY-ST-ZIP TITLE		•	· . •				· • • • • • • • • • • • • • • • • • • •	
NAME	·				•	•	!	
STREET ADDRESS	I		I				1	

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 an other like empowered.

SIGNATURE:

Davime Phone #