' 2006 FOR PROFIT CORPORATION ANNUAL REPORT____

DOCUMENT # P97000035257

FILED Feb 15, 2006 08:00 AM Secretary of State

1. Entity Name SIGNET REALTY CORP.						
Principal Place of Business 2343 SE MANITON TERRACE PORT ST LUCIE, FL 34952	Mailing Address 2343 SE MANITON TERRACE PORT ST LUCIE, FL 34952					
			02062006	No Chg-P	CR2	E034 (11/05)
DO NOT WRITE IN THIS SPA		CE	4. FEI Number 65-0749825			Applied For Not Applicab
	Current Registered Agent		5. Certificate	of Status Desired		\$8.75 Additional Fee Required
2343 SE MANITON TERRACE PORT ST. LUCIE, FL 34952 8. The above named entity submits this state the obligations of registered agent. SIGNATURE	remant for the purpose of changing its register	red office or registe	IN .	NOT W THIS SF	PAC	E
Signature, typed or printed name of regie	lored agent and this if applicable (NGTE, Register	ed Agent eignature require	d when reinstating)		ĐATE	
FILE NOWILL FEE IS \$150.00 8. Election Campaign Final After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.			.00 May Be led to Fees			
	RS AND DIRECTORS	1			· · · ·	
MAME KARPINSKI, CAROLYN , STREET ADDRESS CITY-ST-ZIP PORT ST LUCIE, FL 349	RACE			nonno	14349	91
TITLE NAME STREET ADDRESS GITY-ST-ZIP				02/25/06-	-8ōóž	91 3-025 150.00

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 it changed, or on an artischment with an applicase, with all other little empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE

TITLE

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

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date

Daytime Phone #