

04/25/2006 13:43 9543459903

RICHARD L

FILED
Jun 16, 2006 8:00 am
Secretary of State

06-16-2006 90102 030 ***550.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000022439			
1. Entity Name SIGNATURE GROUP HOLDINGS, INC.			
Principal Place of Business 12530 W. ATLANTIC BLVD CORAL SPRINGS, FL 33071 6131 LYONS ROAD SUITE 101 COCONUT CREEK, FL 33073		Mailing Address 12530 W. ATLANTIC BLVD CORAL SPRINGS, FL 33071	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0826530		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KARPELEZ, RICHARD 12530 W. ATLANTIC BLVD. POMPANO BEACH, FL 33071 6131 LYONS ROAD SUITE 101 COCONUT CREEK FL 33073		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  CEO		DATE 6-14-06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P1 MINORE BORZILLERI ☐ Delete BORZILLERI, THOMAS 12530 W ATLANTIC BLVD CORAL SPRINGS, FL 33071 6131 LYONS ROAD SUITE 101 COCONUT CREEK FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. MINORE BORZILLERI ☒ Change ☒ Addition 6131 LYONS ROAD SUITE 101 COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.O. BORZILLERI, THOMAS 12530 W ATLANTIC BLVD CORAL SPRINGS, FL 33071	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO THOMAS BORZILLERI ☒ Change ☐ Addition 6131 LYONS ROAD SUITE 101 COCONUT CREEK FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 its 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 in an attachment with an address, with all other like empowered.			
SIGNATURE:  CEO		DATE 6/14/06 954-725-0046	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	