2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 01, 2006 08:00 AM DOCUMENT # P98000022740 **Secretary of State** 1. Entity Name PALM COAST SIGNS AND GRAPHICS, INC. Principal Place of Business Mailing Address 23 UTILITY DRIVE PALM COAST FL 32137 23 UTILITY DRIVE PALM COAST FL 32137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Addited For 59-3499978 Not Applicab Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARNEIRO, M. IVONE Street Address (P.O. Box Number is Not Acceptable) 17 COOLIDGE CT PALM COAST FL 32137 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-installing) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550,00 9. Election Campaign Financing \$5.00 May B. Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CARNEIRO, FERNANDO NAME U00000549173 STREET ACCRESS 17 COOLIDGE CT STREET ADDRESS 05/13/06-80009-018 150.00 CITY-ST-ZIP PALM COAST FL 32137 CITY-ST-ZIP TITLE ☐ Delete TALLE ☐ Change ☐ ##### NAME CARNEIRO, M. IVONE MAME STREET ADDRESS 17 COOLIDGE CT STREET ADDRESS CITY-57-718 PALM COAST FL 32137 GITY-ST-ZIP TITLE ☐ Detote □ Change A.A.A.S. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Adm ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COTY-ST-ZIP Delete 3133 F ☐ Change ☐ Additi NAME NAME STREET ADDRESS STREET ADORESS CHY-ST-ZIP City-St-ZiP TITLE Delete TITLE Change April 1 NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP

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12.) hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

M. IVINE CARNERO

4/20/06 376-445-2720