2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 06, 2006 08:00 AM Secretary of State **DOCUMENT # P98000065243** ANOTHER SIGN SHOP, INC. Principal Place of Business Mailing Address PO BOX 520 187 VANDERFORD ROW ORANGE PARK, FL 32073 **ORANGE PARK, FL 32067-0520** 04042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3522444 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE NASH, B. SHERRON 187 VANDERFORD RD W ORANGE PARK, FL 32073 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (ROTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME NASH, B. SHERRON 187 VANDERFORD RD W STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 U00000494587 TITLE 04/20/06-80052-002 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE πιε NAME STREET ADDRESS CITY-ST-ZIP. TELLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 call, that f 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

904-215-7576

FILED