2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S67306

ANDREWS, VIĆKIE C

2600 CH ARNOLD RD

SAINT AUGUSTINE, FL 32092

Name:

Address:

City-St-Zip:

FILED Apr 10, 2008 Secretary of State

| Entity Nai | me: BEN'S | SIGN SE | RVICE, INC. | | | | | |
|---|--|------------|--|---|--|------------------------------|------------|--|
| Current Principal Place of Business: | | | | New Princ | New Principal Place of Business: | | | |
| | DLLINS AVE STINE, FL 3 | 20842450 | 0 | | | | | |
| Current Mailing Address: | | | | New Maili | New Mailing Address: | | | |
| | DLLINS AVE STINE, FL 3 | 20842450 | 0 | | | | | |
| FEI Number: 59-3081082 FEI Number Applied For () FEI N | | | | FEI Number Not App | umber Not Applicable () Certificate of Status Desired () | | | |
| Name and Address of Current Registered Agent: | | | | Name and | Name and Address of New Registered Agent: | | | |
| 2724 S CC ST AUGUS The above | LLIAM BEN DLINS AVE STINE, FL 3 named entit e of Florida. | | US s this statement for the p | urpose of changing | ts registered | d office or registered agent | , or both, | |
| SIGNATU | | | | | | | | |
| Election Car | | _ | nature of Registered Age Fund Contribution (). | nt | | Date | | |
| OFFICERS AND DIRECTORS: | | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | D CARR, WILL 2724 S COLI ST AUGUSTI | INS AVE | | Title: Name: Address: City-St-Zip: | CARR, WILL 2724 S COLI | | | |
| Title: Name: Address: City-St-Zip: | VP CARR, MICH 2718 S. COL SAINT AUGU | LINS AVE. | 32084 | Title: Name: Address: City-St-Zip: | | () Change () Addition | | |
| Title [.] | ST | () Delete | | Title [.] | | () Change () Addition | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: VICKIE C ANDREWS ST 04/10/2008