2006 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

FILED Apr 24, 2006 08:00 AN Secretary of State **DOCUMENT # S90782** É Entity Name SIGN-MAKING SUPPLIES CORP. Principal Place of Business Mailing Address 1753 NW 7 ST 1753 NW 7 ST MIAMI, FL 33125 MIAMI, FL 33125 04222006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0294841 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TORRES, FELIX DO NOT WRITE **680 N.W. 44TH AVENUE** SUITE 3 IN THIS SPACE MIAMI, FL 33126 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 reinstating) H0000533629 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 05/06/06-80129-019 158.75 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS RIVE TORRES, FELIX NAME STREET ADDRESS 680 N.W. 44TH AVE #3 CDY-ST-7P MIAMI, FL RRECARDOSO, VIRGILIO A. NAME 680 N.W. 44TH AVE #3 STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CRY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 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 written address, with all other like empowered.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR