2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 379023

FILED Jan 20, 2004 Secretary of State

Entity Na	me: BRAME <i>A</i>	RCHITECTS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
C. 606 N.E. 1ST ST. GAINESVILLE, FL 32601			606 N. E. 1ST STREET GAINESVILLE, FL 32601		
Current Mailing Address:			New Mailing Address:		
	ST. STREET ILLE, FL 32601	US			
FEI Number	: 59-1348740	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
606 N. É. I GAINESVI The above in the State	e of Florida.	US	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI		ic Signature of Registered Ag	uont .	 Date	
Election Car		g Trust Fund Contribution ().	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PVST () Delete BRAME, WILLIAM W, 3200 N.W. 21ST AVENUE GAINESVILLE, FL 32605		Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: D () Delete Name: BRAME, WILLIAM W Address: 3200 N.W. 21ST AVENUE City-St-Zip: GAINESVILLE, FL 32605		Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: WILLIAM W. BRAME P 01/20/2004