

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 450059

FILED
Apr 27, 2007
Secretary of State

Entity Name: ARCHITECTS DESIGN GROUP, INC.

Current Principal Place of Business:

333 N KNOWLES AVENUE (32789-3809)
WINTER PARK, FL 32790 US

New Principal Place of Business:

333 N KNOWLES AVENUE (32789-3809)
WINTER PARK, FL 32789 US

Current Mailing Address:

P. O. BOX 1210
WINTER PARK, FL 32792 US

New Mailing Address:

P. O. BOX 1210
WINTER PARK, FL 32790 US

FEI Number: 59-1543158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BECHTEL, STEVEN R.
225 EAST ROBINSON ST, SUITE 600
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: REEVES, I S K V,
Address: 255 SYLVAN BLVD.
City-St-Zip: WINTER PARK, FL 32789

Title: VSD () Delete
Name: REEVES, SARA W.,
Address: 255 SYLVAN BLVD.
City-St-Zip: WINTER PARK, FL 32789

Title: V (X) Delete
Name: DAWSON, TERRY L
Address: 333 N KNOWLES AVE
City-St-Zip: WINER PARK, FL 32789

Title: V () Delete
Name: RATIGAN, KEVIN J
Address: 333 N KNOWLES AVE
City-St-Zip: WINER PARK, FL

Title: V () Delete
Name: REEVES, IAN A
Address: 333 N KNOWLES AVE.
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: I S K REEVES, V

PTD

04/27/2007

Electronic Signature of Signing Officer or Director

Date