


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000003911

1. Entity Name
FOLEY DESIGN ASSOCIATES ARCHITECTS, INC.



Principal Place of Business
**1513 CLEVELAND AVENUE, #100-102
 EAST POINT, GA 30344**

Mailing Address
**1513 CLEVELAND AVENUE, #100-102
 EAST POINT, GA 30344**



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FET Number
58-1937331 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

00000480001
 04/10/06-80026-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FOLEY, WILLIAM H
STREET ADDRESS	1513 CLEVELAND AVENUE, #100-102
CITY-ST-ZIP	EAST POINT, GA 30344
TITLE	V
NAME	THOMPSON, RONALD C
STREET ADDRESS	1513 CLEVELAND AVENUE, #100-102
CITY-ST-ZIP	EAST POINT, GA 30344
TITLE	V
NAME	COLLINS, ALLEN
STREET ADDRESS	1513 CLEVELAND AVENUE, #100-102
CITY-ST-ZIP	EAST POINT, GA 30344
TITLE	S
NAME	FOLEY, SHARON C
STREET ADDRESS	1513 CLEVELAND AVENUE, #100-102
CITY-ST-ZIP	EAST POINT, GA 30344
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 with an address, with all other like empowered.

SIGNATURE: *William H. Foley* **3/1/06** **404 761 1299**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #