


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000004479

1. Entity Name
 STEWART-COOPER-NEWELL-ARCHITECTS, P.A.



Principal Place of Business
 719 E. SECOND AVENUE
 GASTONIA, NC 28054

Mailing Address
 719 E. SECOND AVENUE
 GASTONIA, NC 28054

DO NOT WRITE IN THIS SPACE



02072006 No Chg-P CR2E034 (11/05)

4. FEI Number
 30-0055777

5. Certificate of Status Desired \$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

NEWELL, CLYDE
 PO BOX 124, 1900 S. LAKE REEDY BLVD
 FROSTPROOF, FL 33843

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5. 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)

02/24/06-80058-001 150.00

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

10. OFFICERS AND DIRECTORS

TITLE	CS
NAME	STEWART, JAMES C
STREET ADDRESS	PO BOX 3646
CITY-ST-ZIP	GASTONIA, NC 280533646
TITLE	TP
NAME	NEWELL, KENNETH C
STREET ADDRESS	2969 KINGSBURY ROAD
CITY-ST-ZIP	CLOVER, SC 29710
TITLE	VP
NAME	STUMBO, JAMES R
STREET ADDRESS	246 WRIGHT ROAD
CITY-ST-ZIP	KINGS MOUNTAIN, NC 28086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: K. NEWELL Kenneth C. Newell 2/7/05 704/865-6111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #