

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003233

FILED
Mar 03, 2006
Secretary of State

Entity Name: TREANOR ARCHITECTS, P.A.

Current Principal Place of Business:

110 MCDONALD DRIVE, SUITE 192
LAWRENCE, KS 66044

New Principal Place of Business:

Current Mailing Address:

110 MCDONALD DRIVE, SUITE 192
LAWRENCE, KS 66044

New Mailing Address:

FEI Number: 48-1165626 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, ANTHONY J JR.
3530 NW 43RD ST.
GAINESVILLE, FL 32606 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: PT () Delete
Name: TREANOR, MICHAEL
Address: 1512 PRESTWICK CT.
City-St-Zip: LAWRENCE, KS 66047

Title: V () Delete
Name: ROWE, DANIEL
Address: 3118 SW 31ST COURT
City-St-Zip: TOPEKA, KS 66614

Title: V () Delete
Name: ZHIRI, NADIA
Address: 1520 ALVAMAR DR.
City-St-Zip: LAWRENCE, KS 66047

Title: V () Delete
Name: MALIN, STEVE
Address: 210 N. 6TH STREET
City-St-Zip: LAWRENCE, KS 66006

Title: S (X) Delete
Name: NONKEN, CRISSA
Address: 3520 W. 22ND E-2
City-St-Zip: LAWRENCE, KS 66044

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: S (X) Change () Addition
Name: MALIN, STEVE
Address: 210 N. 6TH STREET
City-St-Zip: LAWRENCE, KS 66006

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL TREANOR

PT

03/03/2006

Electronic Signature of Signing Officer or Director

_____ Date