


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000002467
 1. Entity Name
MANTEL TETER ARCHITECTS, INC.



Principal Place of Business 4016 WASHINGTON STREET SUITE 200 KANSAS CITY, MO 64111	Mailing Address 4016 WASHINGTON STREET SUITE 200 KANSAS CITY, MO 64111
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DO NOT WRITE IN THIS SPACE



02042008 No Chg-P CR2E034 (11/05)

4. FEI Number 44-0663494	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S PINE ISLAND RD
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TETER, W DWIGHT CEO 4016 WASHINGTON STREET, SUITE 200 KANSAS CITY, MO 64111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVANS, DAVID E 4016 WASHINGTON STREET, SUITE 200 KANSAS CITY, MO 64111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PHELPS, SKYLER K 4016 WASHINGTON STREET, SUITE 200 KANSAS CITY, MO 64111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FAIRCHILD, CHARLES W 800 WEST 69TH TERRACE KANSAS CITY, MO 64113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/11/08-80040-021 158.75

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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, trustee, or 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:  **DAVID EVANS** Date: **2/22/08** Daytime Phone #: **816.931.5600**