

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 06, 2006  
Secretary of State**

DOCUMENT# K01629

Entity Name: EDWARD LEWIS ARCHITECTS, INC.

**Current Principal Place of Business:**

250 BIRD ROAD  
SUITE 212  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

250 BIRD ROAD  
SUITE 212  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

FEI Number: 65-0020959      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LEWIS, EDWARD  
250 BIRD ROAD  
SUITE # 212  
CORAL GABLES, FL 33146 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: CDP ( ) Delete  
Name: LEWIS, EDWARD  
Address: 250 BIRD ROAD SUITE 212  
City-St-Zip: CORAL GABLES, FL 33146 US

Title: S ( ) Delete  
Name: LEWIS, EDWARD  
Address: 250 BIRD ROAD, SUITE 212  
City-St-Zip: CORAL GABLES, FL 33146 US

Title: DT ( ) Delete  
Name: LEWIS, MARYJANE  
Address: 250 BIRD ROAD SUITE 212  
City-St-Zip: CORAL GABLES, FL 33146 US

Title: VP ( ) Delete  
Name: LEWIS, MARY JANE  
Address: 250 BIRD ROAD SUITE 212  
City-St-Zip: CORAL GABLES, FL 33146 US

**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:

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: EDWARD LEWIS

CDP

01/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date