2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P05000007360

Entity Name: ARCHITECTURAL ORNAMENTAL & DESIGN, INC.

Current Principal Place of Business:

1047 MAINSAIL DR
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

1110 S.MISSOURI AVE.
206
CLEARWATER, FL 33756 US

Current Mailing Address:

1047 MAINSAIL DR
TARPON SPRINGS, FL 34689 US

New Mailing Address:

1110 S.MISSOURI AVE.
206
CLEARWATER, FL 33756 US

FEI Number: 98-0444527 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORBAN, CSABA
1047 MAINSAIL DR
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

ORBAN, CSABA
1110 S. MISSOURIAVE.
206
CLEARWATER, FL 33756 US

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: CSABA ORBAN 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: ORBAN, CSABA
Address: 1047 MAINSAIL DR
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: P (X) Delete
Name: ORBAN, JULIA
Address: 1047 MAINSAIL DR
City-St-Zip: TARPON SPRINGS, FL 34689 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition
Name: ORBAN, CSABA
Address: 1110 S MISSOURI AVE.#206
City-St-Zip: CLEARWATER, FL 33756 US

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

I hereby certify that the information supplied with this filing does not qualify 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: CSABA ORBAN ST 04/30/2009
Electronic Signature of Signing Officer or Director Date