

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000019688

Entity Name: ARCHSPACE, INC.

FILED
Mar 04, 2008
Secretary of State

Current Principal Place of Business:

4611 S. UNIVERSITY DRIVE
#315
DAVIE, FL 33328 US

New Principal Place of Business:

7659 N STONECREEK CIRCLE
DAVIE, FL 33024 US

Current Mailing Address:

4611 S. UNIVERSITY DRIVE
#315
DAVIE, FL 33328 US

New Mailing Address:

7659 N STONECREEK CIRCLE
DAVIE, FL 33024 US

FEI Number: 20-8505579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEBELEN, OSCAR E
4611 S. UNIVERSITY DRIVE
#315
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

SEBELEN, OSCAR E
7659 N STONECREEK CIRCLE
DAVIE, FL 33024 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:

03/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PERDOMO, LISA M
Address: 4611 S. UNIVERSITY DRIVE #315
City-St-Zip: DAVIE, FL 33328 US

Title: VP () Delete
Name: SEBELEN, OSCAR E
Address: 4611 S. UNIVERSITY DRIVE #315
City-St-Zip: DAVIE, FL 33328 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PERDOMO, LISA M
Address: 7659 N STONECREEK CIRCLE
City-St-Zip: DAVIE, FL 33024 US

Title: VP (X) Change () Addition
Name: SEBELEN, OSCAR E
Address: 7659 N STONECREEK CIRCLE
City-St-Zip: DAVIE, FL 33024 US

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: OSCAR SEBELEN

VP

03/04/2008

Electronic Signature of Signing Officer or Director

Date