2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 24, 2007 08:00 AM DOCUMENT # P13588 **Secretary of State** 1. Entity Name SRJ ARCHITECTS INC. Principal Place of Business Mailing Address 1108 MARYLAND DRIVE 1108 MARYLAND DRIVE ALBANY, GA 31707 ALBANY, GA 31707 CR2E034 (11/05) No Chg-P 01222007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 58-1662487 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DIEZ, FERMIN J. JR. DO NOT WRITE 2412 CARMEN STREET TAMPA, FL 33609 IN THIS SPACE 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS PD TITLE SAUNDERS, MACKEY RILEY NAME STREET ADDRESS 1108 MARYLAND DRIVE CITY-ST-ZIP ALBANY, GA TITLE NAME SAUNDERS, DIANE D. STREET ADDRESS 1108 MARYLAND DRIVE CITY-ST-7IP ALBANY, GA VĎ TITLE NAME JOHNSON, MICHAEL A STREET ADDRESS 1108 MARYLAND DR DO NOT WRITE **ALBANY, GA 31707** CITY-ST-ZIP IN THIS SPACE TITLE GUERRA, DAVID L NAME STREET ADDRESS 1108 MARYLAND DRIVE CITY-ST-ZIP ALBANY, GA TITLE SPALINGER, SONYA D NAME 1108 MARYLAND DRIVE STREET ADDRESS CITY-ST-ZIP ALBANY, GA

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 or trustee 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:

TITLE .

NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/07 225 436-9877

FILED