

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000034321

FILED
Apr 18, 2008
Secretary of State

Entity Name: ASSOCIATED ARCHITECTS INC.

Current Principal Place of Business:

PO BOX 540308
MERRITT ISLAND, FL 32954

New Principal Place of Business:

233 ANTIGUA DRIVE
COCOA BEACH, FL 32931

Current Mailing Address:

PO BOX 540308
MERRITT ISLAND, FL 32954

New Mailing Address:

FEI Number: 59-3191787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARCANT, KEVIN
233 ANTIGUA DRIVE
COCOA BEACH, FL 32931 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: PD () Delete
Name: BARCANT, KEVIN
Address: 233 ANTIGUA DRIVE
City-St-Zip: COCOA BEACH, FL 32931

Title: SD () Delete
Name: BARCANT, MAREN
Address: 233 ANTIGUA DRIVE
City-St-Zip: COCOA BEACH, FL 32931

Title: VD () Delete
Name: JACKSON, CATHRYN
Address: 980 PEL'EE DRIVE
City-St-Zip: AKRON, OH 44333

Title: D () Delete
Name: BARCANT, COLIN
Address: 233 ANTIGUA DR
City-St-Zip: COCOA BEACH, FL 32931

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 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: KEVIN BARCANT

PD

04/18/2008

Electronic Signature of Signing Officer or Director

_____ Date