

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000066811

FILED  
Mar 24, 2004  
Secretary of State

Entity Name: PHOENIX ARCHITECTURE, INC.

**Current Principal Place of Business:**

1532 OLD OKEECHOBEE ROAD  
SUITE 101  
WEST PALM BEACH, FL 33409 US

**New Principal Place of Business:**

**Current Mailing Address:**

1532 OLD OKEECHOBEE ROAD  
SUITE 101  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

FEI Number: 65-0690777      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MCCOLL, M LYNN  
3684 A ROAD  
LOXAHATCHEE, FL 33470

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

MCCOLL, M LYNN  
3684 A ROAD  
LOXAHATCHEE, FL 33470 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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/24/2004

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCCOLL, M LYNN  
Address: 3684 A ROAD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP ( ) Delete  
Name: CILCIUS, ALFRED A  
Address: 44 YACHT CLUB DRIVE  
City-St-Zip: N PALM BEACH, FL 33448

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 Section 119.07(3)(i), 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: MELANIE LYNN MCCOLL

Electronic Signature of Signing Officer or Director

P

03/24/2004

Date