

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000103252

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** ARCHITECTURAL DIMENSIONS, P.A.

**Current Principal Place of Business:**

4720 NW 2 AVE  
D106  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

4720 NW 2 AVE  
D106  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 65-0799365      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KROPORNICKI, DEBRA Z  
4720 NW 2 AVE  
STE D106  
BOCA RATON, FL 33431 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

**OFFICERS AND DIRECTORS:**

**Title:** PDST  
**Name:** KROPORNICKI, DEBRA Z  
**Address:** 4720 NW 2 AVE STE D-106  
**City-St-Zip:** BOCA RATON, FL 33431

**Title:** V  
**Name:** KROPORNICKI, JOHN D  
**Address:** 4720 NW 2ND AVE STE D106  
**City-St-Zip:** BOCA RATON, FL 33431

I hereby 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 all other like empowered.

SIGNATURE: DEBRA Z. KROPORNICKI

PDST

04/13/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date