2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 418491

Entity Name: STOKES-LAMBERT ARCHITECTURAL, INC.

FILED Jan 09, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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9 MIRACLE STRIP PKWY
FORT WALTON BEACH, FL 32548
9 MIRACLE STRIP PKWY SW
FORT WALTON BEACH, FL 32548
FORT WALTON BEACH, FL 32548

Current Mailing Address: New Mailing Address:

9 MIRACLE STRIP PKWY
FORT WALTON BEACH, FL 32548
9 MIRACLE STRIP PKWY SW
FORT WALTON BEACH, FL 32548

FEI Number: 59-1458758 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

STOKES, JAMES R.

873 MIRACLE STRIP PARKWAY
MARY ESTHER, FL 32548 US

STOKES, JAMES R JR.

9 MIRACLE STRIP PKWY SW
FORT WALTON BEACH, FL 32548 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: JAMES R. STOKES, JR 01/09/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

FORT WALTON BEACH, FL 32549

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: STOKES, JAMES R, Name: STOKES, JAMES R,

Address: 873 MIRACLE STRIP PKWY. Address: 200 MIRACLE STRIP PKWY SW UNIT 303 City-St-Zip: MARY ESTHER, FL 32548 City-St-Zip: FORT WALTON BEACH, FL 32548

Title: P () Delete Title: () Change () Addition

 Name:
 LAMBERT, BRIAN J
 Name:

 Address:
 210 CREWILLA DR
 Address:

 City-St-Zip:
 FORT WALTON BEACH, FL 32548
 City-St-Zip:

Title: VST () Delete Title: () Change () Addition

 Name:
 STOKES, JAMES R JR
 Name:

 Address:
 PO BOX 2071
 Address:

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.

City-St-Zip:

SIGNATURE: JAMES R. STOKES, JR. VST 01/09/2009