2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 31, 2005 08:00 AM Secretary of State **DOCUMENT # 556489** JOHNSON ASSOCIATES, ARCHITECTS, INC. Principal Place of Business Mailing Address 4770 BISCAYNE BLVD **4770 BISCAYNE BLVD** SUITE 800 SUITE 800 MIAMI, FL 33137 MIAMI, FL 33137 01282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1785669 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOHNSON, RICHARD K DO NOT WRITE 720 NE 69TH STREET - 6W MIAMI, FL 33138 IN THIS SPACE 3. 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. SIGNATURE Signature, typed or printed name of registered agent and lide if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10, PTS TITLE JOHNSON, RICHARD K NAME STREET ADDRESS 720 NE 69TH STREET - 6W MIAMI, FL 33138, CITY+ST-ZIP 300000202553 TITLE 12/11/05-80050-004 158.75 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation on the receiver of 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard K. Johnson, President

01/28/05

305-377-0621

Daytime Phone #

FILED