
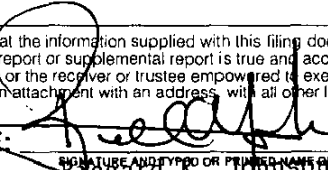


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90085 031 ***158.75

DOCUMENT # 556489 1. Entity Name JOHNSON ASSOCIATES, ARCHITECTS, INC.																													
Principal Place of Business 4770 BISCAYNE BLVD SUITE 800 MIAMI, FL 33137			Mailing Address 4770 BISCAYNE BLVD SUITE 800 MIAMI, FL 33137																										
2. Principal Place of Business - No P.O. Box # 799 Brickell Plaza		3. Mailing Address 799 Brickell Plaza																											
Suite, Apt. #, etc. 801		Suite, Apt. #, etc. 801																											
City & State Miami, FL 33131		City & State Miami, FL 33131																											
Zip 		Country 		4. FEI Number 59-1785669																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable																											
6. Name and Address of Current Registered Agent JOHNSON, RICHARD K 720 NE 69TH STREET - 6W MIAMI, FL 33138																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																													
8. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">PTS</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JOHNSON, RICHARD K</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>720 NE 69TH STREET - 6W</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33138</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PTS	<input type="checkbox"/> Delete	NAME	JOHNSON, RICHARD K		STREET ADDRESS	720 NE 69TH STREET - 6W		CITY - ST - ZIP	MIAMI, FL 33138		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE:  <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				04/11/07 305-377-0621 <small>Date Daytime Phone #</small>																									

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