


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 05, 2005 08:00 AM
Secretary of State**

DOCUMENT # 704141 1. Entity Name AMERICAN INSTITUTE OF BUILDING DESIGN, FLORIDA SOCIETY, F.R.D.A., INC.	
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Principal Place of Business 1015 E. SEMORAN BLVD - SUITE 217 CASSELBERRY, FL 32707	Mailing Address 1015 E. SEMORAN BLVD - SUITE 217 CASSELBERRY, FL 32707
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0039975	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOLLAND, JAMES M 1015 E. SEMORAN BLVD - SUITE 217 CASSELBERRY, FL 32707

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTD HOLLAND, JAMES 1015 E. SEMORAN BLVD, STE. 217 CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BEAUMONT, ALLEN S. WESTMONTE DR. STE. 210 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSD BRICKER, TIMOTHY 89 NORTH BAY HARBOR KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP KEESEEE, MIKE PO BOX 160429 ALTAMONTE SPRINGS, FL 32716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/06/05-80004-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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 or the receiver or trustee empowered to execute this report as required by Chapter 617, 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: *James M. Holland* **JAMES M. HOLLAND** **DTD** **1/3/05** **407-678-8700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #