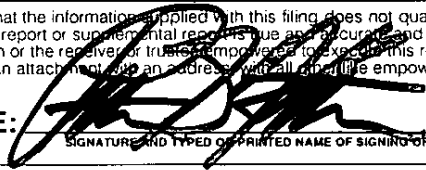


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90028 006 \*\*\*158.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                      |                                               |                                                                                                                     |                                                                                                                                      |                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <b>DOCUMENT # 832683</b><br>1. Entity Name<br><b>CAMBRIDGE SEVEN ASSOCIATES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                      |                                               |                                                                                                                     |                                                     |                                                                           |
| Principal Place of Business<br><b>1050 MASSACHUSETTS AVE.<br/>CAMBRIDGE, MA 02138 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                      |                                               | Mailing Address<br><b>1050 MASSACHUSETTS AVE.<br/>CAMBRIDGE, MA 02138 US</b>                                        |                                                                                                                                      |                                                                           |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      | 3. Mailing Address<br><br>Suite, Apt. #, etc. |                                                                                                                     |                                                    |                                                                           |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                      | City & State                                  |                                                                                                                     | 4. FEI Number<br><b>04-2310225</b>                                                                                                   |                                                                           |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                      | Country                                       |                                                                                                                     | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                           |                                                                           |
| 6. Name and Address of Current Registered Agent<br><br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      |                                               |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                                           |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                      |                                               |                                                                                                                     |                                                                                                                                      |                                                                           |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      |                                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                      |                                                                           |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                      |                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                               |                                                                                                                                      |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>REDMON, CHARLES<br>1050 MASSACHUSETTS AVE.<br>CAMBRIDGE, MA 02138                                               | <input type="checkbox"/> Delete               |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | D<br>Peter G. Kuttner<br>1050 Massachusetts Ave<br>Cambridge, MA 02138    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <del>P</del><br><del>GHERMAYEFF, PETER</del><br><del>1050 MASSACHUSETTS AVE.</del><br><del>CAMBRIDGE, MA 02138</del> | <input checked="" type="checkbox"/> Delete    |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | Secty.<br>George Waldstein Esq.<br>144 Upland Road<br>Cambridge, MA 02140 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D / T<br>BAKER, RONALD<br>1050 MASSACHUSETTS AVE.<br>CAMBRIDGE, MA 02138                                             | <input type="checkbox"/> Delete               |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>STEBBINS, JOHN<br>1050 MASSACHUSETTS AVE.<br>CAMBRIDGE, MA 02138                                                | <input type="checkbox"/> Delete               |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>JOHNSON, GARY<br>1050 MASSACHUSETTS AVE.<br>CAMBRIDGE, MA 02138                                                 | <input type="checkbox"/> Delete               |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>LAWTON, DOUGLAS<br>1050 MASSACHUSETTS AVE.<br>CAMBRIDGE, MA 02138                                               | <input type="checkbox"/> Delete               |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition         |
| 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 reports 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 changes empowered. |                                                                                                                      |                                               |                                                                                                                     |                                                                                                                                      |                                                                           |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      |                                               |                                                                                                                     |                                                                                                                                      |                                                                           |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                      |                                               |                                                                                                                     |                                                                                                                                      |                                                                           |
| Date <b>2/10/06</b> Daytime Phone # <b>617.492.7000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                      |                                               |                                                                                                                     |                                                                                                                                      |                                                                           |

**ATTACHMENT**  
Cambridge Seven Associates, Inc.

40015921

#832683

1050 Massachusetts Ave.  
Cambridge, MA 02138  
617 492-7000  
Fax 617 492-7007  
www.c7a.com

Division of Corporations  
P.O. Box 1500  
Tallahassee FL 32302-1500

16 February 2006

Charles Redmon  
John W. Stebbins  
Ronald D. Baker  
Gary C. Johnson  
Peter Kuttner  
Steven Imrich  
Patricia E. Intrieri  
Douglas T. Lawton  
Timothy D. Mansfield  
Jose Silveira

I enclose 2006 For Profit Corporation Annual Report for Cambridge Seven Associates Inc., along with our check in the amount of \$158.75.

We are also requesting and have included in our check, the fee for a Certificate of Status.

Please call me if you have any questions in this matter.

Yours sincerely,

  
Alison E. Rowell

Cambridge Seven Associates, Inc.

Architecture  
Urban Design  
Master Planning  
Programming  
Interior Design  
Graphic Design  
Exhibit Design

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