

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000763

FILED
Apr 20, 2009
Secretary of State

Entity Name: KLAI-JUBA ARCHITECTS, LTD., INC.

Current Principal Place of Business:

4444 WEST RUSSELL ROAD, SUITE J
LAS VEGAS, NV 89118

New Principal Place of Business:

4444 WEST RUSSELL ROAD
SUITE J
LAS VEGAS, NV 89118

Current Mailing Address:

4444 WEST RUSSELL ROAD, SUITE J
LAS VEGAS, NV 89118

New Mailing Address:

4444 WEST RUSSELL ROAD
SUITE J
LAS VEGAS, NV 89118

FEI Number: 88-0345158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: KLAI, JOHN R II
Address: 2113 REDBIRD LANE
City-St-Zip: LAS VEGAS, NV 89134

Title: VD () Delete
Name: JUBA, DANIEL J
Address: 8788 JEWEL RIDGE AVENUE
City-St-Zip: LAS VEGAS, NV 89148

Title: D () Delete
Name: WALD, JOHN B
Address: 10470 ABBOTSBURY DRIVE
City-St-Zip: LAS VEGAS, NV 89135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WALD, JOHN B
Address: 2909 COAST LINE CT.
City-St-Zip: LAS VEGAS, NV 89135

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.

SIGNATURE: JOHN R KLAI II

PCD

04/20/2009

Electronic Signature of Signing Officer or Director

Date