## 2006 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Feb 20, 2006 08:00 AN Secretary of State DOCUMENT # F01000004064 CHRISTIAN & ASSOCIATES ARCHITECTS, INC. Principal Place of Business Mailing Address 1302 NOBLE STREET, SUITE 3A PO BOX 1616 ANNISTON, AL 36201 ANNISTON, AL 36202 01192006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 63-0822582 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CARR, C. ADRIAN DO NOT WRITE 8750 SOUTH OCEAN DRIVE, PH-38 JENSEN BEACH, FL 34957 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PTC TITLE CHRISTIAN, DAVID C 33.55.SF STREET ADDRESS 724 HIGHLAND AVENUE CITY-ST-ZIP ANNISTON, AL 36207 U00000441208 VSVC TITLE U37114705-80028-002 150.00 NAME CARR, CHARLES A STREET ADDRESS 1590 STEELE DRIVE, NW ATLANTA, GA 30309 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS

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:

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

> MOTONIK SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID G. CHRISTIAN