2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000001609

1. Entity Name

STANTEC ARCHITECTURE INC.



FILED Sep 01, 2006 08:00 A Secretary of State

Principal Place of Business

10160 - 112TH STREET

SUITE 200

EDMONTON, AB T5K 2-L6

Mailing Address

10160 - 112TH STREET

SUITE 200

DO NOT WRITE IN THIS SPACE

EDMONTON, AB T5K 2-L6



07102006

No Chg-P

CR2E034 (11/05)

4. FEI Number 56-2220906 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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, typad or printed name of registered agent and title if applicable (NOTE; Registered Agent signature required when reinstating) DATE					
	LE NOWI!! FEE IS \$150.00 ue by September 6, 2006	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIREC	TORS		NEW DESCRIPTION	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AVETTA, PETER E 150 OAK PLAZA BLVD., SUITE 200 WINSTON-SALEM, NC 27105				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVETTA, PETER E 150 OAK PLAZA BLVD., SUITE 200 WINSTON-SALEM, NC 27105				. NY 3000005759034 109201706-80006-014-150.003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AVETTA, PETER E 150 OAK PLAZA BLVD., SUITE 200 WINSTON-SALEM, NC 27105			: DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in.	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME 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

PETER E. AVETTA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.20.06

336*-499-5*250

Daytime Phone #