


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 19, 2008 8:00 am**  
**Secretary of State**

08-19-2008 90003 048 \*\*\*150.00

<b>DOCUMENT # F03000001746</b>		
1. Entity Name ALLIANCE ARCHITECTS, INC.		

Principal Place of Business 1600 N. COLLINS BLVD. SUITE 1000 RICHARDSON, TX 75080	Mailing Address 1600 N. COLLINS BLVD. SUITE 1000 RICHARDSON, TX 75080
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40113803



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06062008 Chg-P CR2E034 (12/06)

4. FEI Number 75-2474531	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. 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 DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIKE, PARRISH W			NAME			
STREET ADDRESS	1600 N. COLLINS BLVD.			STREET ADDRESS			
CITY-ST-ZIP	RICHARDSON, TX 75080			CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARRISH, MICHAEL W			NAME			
STREET ADDRESS	1600 N. COLLINS BLVD.			STREET ADDRESS			
CITY-ST-ZIP	RICHARDSON, TX 75080			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNS, STEPHEN B			NAME			
STREET ADDRESS	1600 N. COLLINS BLVD.			STREET ADDRESS			
CITY-ST-ZIP	RICHARDSON, TX 75080			CITY-ST-ZIP			
TITLE	VV	<input type="checkbox"/> Delete		TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REAGAN, CHARLES J			NAME			
STREET ADDRESS	1600 N. COLLINS BLVD.			STREET ADDRESS			
CITY-ST-ZIP	RICHARDSON, TX 75080			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-12-08 972-233-0400  
Date Daytime Phone #