## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000004984

Entity Name: TVS FLORIDA, INC., ARCHITECTURE

FILED Jan 23, 2009 Secretary of State

| Current Principal Place of Business:          |                                              |                                                                       | New Principal Place of Business:            |                                           |  |
|-----------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------|-------------------------------------------|--|
| 1230 PEA                                      | MENADE II<br>CHTREE STR<br>, GA 30309        | EET, NE                                                               |                                             |                                           |  |
| Current Mailing Address:                      |                                              |                                                                       | New Mailing Address:                        |                                           |  |
| 1230 PEA                                      | MENADE II<br>CHTREE STR<br>, GA 30309        | EET, NE                                                               |                                             |                                           |  |
| FEI Number                                    | : 04-3773460                                 | FEI Number Applied For ( )                                            | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )         |  |
| Name and Address of Current Registered Agent: |                                              |                                                                       | Name and Address                            | Name and Address of New Registered Agent: |  |
| 1200 SOU                                      | ORATION SY:<br>ITH PINE ISLA<br>ION, FL 3332 | ND ROAD                                                               |                                             |                                           |  |
|                                               | e named entity<br>e of Florida.              | submits this statement for the p                                      | ourpose of changing its register            | ed office or registered agent, or both,   |  |
| SIGNATU                                       | RE:                                          |                                                                       |                                             |                                           |  |
|                                               |                                              | nic Signature of Registered Age                                       | ent                                         | Date                                      |  |
| Election Ca                                   | mpaign Financir                              | g Trust Fund Contribution ( ).                                        |                                             |                                           |  |
| OFFICERS AND DIRECTORS:                       |                                              |                                                                       | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |                                           |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | MCLEAN, C. A                                 | NADE II, 1230 PEACHTREE ST. NE                                        | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                     |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | NEUENSCHW                                    | ) Delete<br>ANDER, ROGER L<br>NADE II, 1230 PEACHTREE ST. NE<br>30309 | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                     |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | HOOVER, RAY                                  | NADE II, 1230 PEACHTREE ST. NE                                        | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                     |  |
| Title:                                        | VD (                                         | ) Delete                                                              | Title:                                      | ( ) Change ( ) Addition                   |  |

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.

Address:

City-St-Zip:

SIGNATURE: ROGER L NEUENSCHWANDER PTD 01/23/2009

2700 PROMENADE II, 1230 PEACTREE ST. NE

ATLANTA, GA 30309

Address:

City-St-Zip: