

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005222

Entity Name: HC ARCHITECTURE, INC.

FILED
Feb 21, 2007
Secretary of State

Current Principal Place of Business:

545 DUTCH VALLEY RD NE STUDIO B
ATLANTA, GA 30324

New Principal Place of Business:

545 DUTCH VALLEY RD NE
STUDIO B
ATLANTA, GA 30324

Current Mailing Address:

545 DUTCH VALLEY RD NE STUDIO B
ATLANTA, GA 30324

New Mailing Address:

545 DUTCH VALLEY RD NE
STUDIO B
ATLANTA, GA 30324

FEI Number: 45-0538224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPIS, CAROLE S
448 RUCKEL DR.
NICEVILLE, FL 32578 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: CPS () Delete
Name: CAMPIS, MARK R
Address: 545 DUTCH VALLEY RD NE STUDIO B
City-St-Zip: ATLANTA, GA 30324

Title: VCVP () Delete
Name: HOGAN, THOMAS J JR
Address: 545 DUTCH VALLEY RD NE STUDIO B
City-St-Zip: ATLANTA, GA 30324

Title: T () Delete
Name: HOGAN, THOMAS J JR
Address: 545 DUTCH VALLEY RD NE STUDIO B
City-St-Zip: ATLANTA, GA 30324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK R. CAMPIS

CPS

02/21/2007

Electronic Signature of Signing Officer or Director

Date