


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F07000002891 1. Entity Name JAMES A. LOFT ARCHITECT, INC.	
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Principal Place of Business 1359 HOOKSETT ROAD HOOKSETT, NH 03106	Mailing Address 1359 HOOKSETT ROAD HOOKSETT, NH 03106
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**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1059073	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

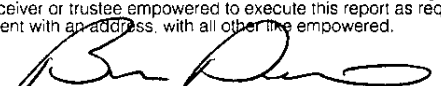
000000899183  
04/28/08-80029-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABONTE, MATTHEW 1359 HOOKSETT ROAD HOOKSETT, NH 03106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABRECQUE, MATTHEW 1359 HOOKSETT ROAD HOOKSETT, NH 03106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, EDWIN 1359 HOOKSETT ROAD HOOKSETT, NH 03106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOFT, JAMES A 1359 HOOKSETT ROAD HOOKSETT, NH 03106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DESMARAIS, BRUCE 1359 HOOKSETT ROAD HOOKSETT, NH 03106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEBBINS, HENRY B 66 HANOVER STREET, SUITE 301 MANCHESTER, NH 03101

**DO NOT WRITE IN THIS SPACE**

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 time empowered.

SIGNATURE:  Bruce Desmarais CFO 4/25/08 603-518 2220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #