
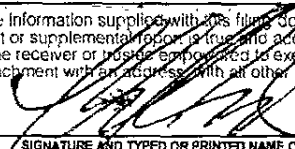


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # F33360		
1. Entity Name GRAHAM DESIGN ASSOCIATES, ARCHITECTS-PLANNERS, P.A.		
Principal Place of Business 585 MAIN STREET SUITE 201 DUNEDIN, FL 34698 US		Mailing Address 585 MAIN STREET SUITE 201 DUNEDIN, FL 34698 US
DO NOT WRITE IN THIS SPACE		
		01032007 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-2109232
		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 H. JAMES LENTZ 35111 US HIGHWAY 19, N. SUITE 302 PALM HARBOR, FL 33515		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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GRAHAM, THOMAS J 585 MAIN STREET, SUITE 201 DUNEDIN, FL 34698	DO NOT WRITE IN THIS SPACE
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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:  Thomas J. Graham		2/6/07 727/733-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #