2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # F97307 1. Entity Name VAUGHN, WUNSCH, MASULLO ARCHITECTS, P.A. Principal Place of Business 2631 E. OAKLAND PARK BLVD. SUITE 210 FORT LAUDERDALE, FL 33306 US Mailing Address 2631 E. OAKLAND PARK BLVD. SUITE 210 FORT LAUDERDALE, FL 33306 US

FILED Mar 24, 2006 08:00 AM Secretary of State



| 02232006 No Chg-P | | CR2E034 (11/05) | | | |
|----------------------------------|--|--------------------------------|----------------|--|--|
| 4. FEI Number | | | Applied For | | |
| 59-2214 | | | Not Applicable | | |
| 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | | | |

DO NOT WRITE IN THIS SPACE

WUNSCH, ROBERT J. 2631 E. OAKLAND PARK BLVD., SUITE 210 FORT LAUDERDALE, FL 33306

6. Name and Address of Current Registered Agent

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. 1 am familiar with, and accept the obligations of registered agent. | | | | | | | | | | |
|--|---|--------|---------------|--------------------------------|---|--|--|--|--|--|
| SIGNATURE. Signature, typed or printed name of registered egent and title if applicable [NOTE: Registered Agent signature required when reinstating] DATE | | | | | | | | | | |
| FILE NOWIR FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution. | | | | \$5.00 May Be Added to Fees | 000000479833 84/10/06-80021-008 150.00 | | | | | |
| 16. | OFFICERS AND DIREC | CTORS | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTSD WUNSCH, ROBERT J. 2631 E. OAKLAND PARK BLVD., SUI FORT LAUDERDALE, FL 33306 | TE 210 | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MASULLO, JOSEPH A. 2631 E OAKLAND PARK BLVD STE 2 FT. LAUDERDALE, FL 33306 | :10 | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZVP | | | | DO NOT WRITE | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | IN THIS SPACE | | | | | | | |
| TIFLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | | |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | | | | | | | | | | |
| 12. I horeby 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 complete and several report of supplemental report is true and accurate and that my signature shall have the complete and several report of supplemental report in the same legal affect an if read a court that I are not strongly and several report of the same legal affect an if read a court that I are not strongly and several report of the same legal affect an interest and several report of the same legal affect an interest and several report of the same legal affect and se | | | | | | | | | | |

12. Increby 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 cath; 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 10 or

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/06

954 SUB 6009