2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # G09399 Jan 24, 2008 08:00 AF 1. Entity Name JOE DUBEK ARCHITECT, INC. Secretary of State Mailing Address Principal Place of Business 13611 MCGREGOR BLVD 13611 MCGREGOR BLVD STE 2 STE 2 FORT MYERS, FL 33919 FORT MYERS, FL 33919 US 01122008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2249791 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOERTLER, GREGORY DO NOT WRITE 13611 MCGREGOR BLVD FT. MYERS, FL 33919 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIN FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE GOERTLER, GREGORY NAME U00000793357 01/25/08-80005-021 150.00 STREET ADDRESS 13611 MCGREGOR BLVD CITY-ST-7IP FT MYERS, FL 33919 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 ribe 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:

STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY GOERTLER |-18-08 239-481-5900

Daytime Phone #