2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K00761

FILED Mar 08, 2006 Secretary of State

Entity Name: LUNZ PREBOR FOWLER ARCHITECTS, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	MORTON DRIV D, FL 33801	E		
Current M	lailing Addres	s:	New Mailing Addres	s:
	MORTON DRIV D, FL 33801	E		
El Number	: 59-2853955	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
	MORTON DR.	LIC		
.AKELANI	D, FL 33801	US		
「he above			ourpose of changing its registere	ed office or registered agent, or both,
「he above	named entity se of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
The above n the State	named entity see of Florida.			ed office or registered agent, or both, Date
The above n the State SIGNATUI	named entity see of Florida. RE: Electron	submits this statement for the p		
The above in the State BIGNATUI	named entity see of Florida. RE: Electron	submits this statement for the particle of Registered Agramment Fund Contribution ().	ent	
The above in the State BIGNATUI	named entity see of Florida. RE: Electron mpaign Financing S AND DIREC	ic Signature of Registered Age Trust Fund Contribution (). FORS: Delete D G.,	ent	Date
The above in the State SIGNATUI	e named entity se of Florida. RE: Electron mpaign Financing S AND DIRECT PTD () LUNZ, EDWARI 916 WEDGEWG LAKELAND, FL	ic Signature of Registered Age Trust Fund Contribution (). FORS: Delete D.G., DOD LANE Delete Delete	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: EDWARD G. LUNZ PRES 03/08/2006