## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L16482

Address:

City-St-Zip:

423 9TH AVE

INDIALANTIC, FL 32903

Entity Name: SPACECOAST ARCHITECTS, P.A.

FILED Jul 06, 2007 Secretary of State

| Current Principal Place of Business:        |  |                                       | New Principal Place of Business:             |   |  |
|---|--|---------------------------------------|--|---|--|
| 333A 5TH<br>INDIALAN                        | AVE<br>TIC, FL 32903                                     | US                                    |  |   |  |
| Current Mailing Address:                    |  |                                       | New Mailing Address:                         |   |  |
| 333A 5TH<br>INDIALAN                        | AVE<br>TIC, FL 32903                                     | US                                    |  |   |  |
| FEI Number:                                 | : 59-2965080   | FEI Number Applied For ( )            | FEI Number Not Applicable ( )                | Certificate of Status Desired ( )         |  |
| Name and                                    | Address of C   | urrent Registered Agent:              | Name and Address o                           | Name and Address of New Registered Agent: |  |
| The above                                   | VENUE<br>TIC, FL 32903<br>named entity s                 | US<br>ubmits this statement for the p | ourpose of changing its registered           | d office or registered agent, or both,    |  |
|   | e of Florida.  |                                       |  |   |  |
| SIGNATUR                                    | Electron   | ic Signature of Registered Ag         | ent  | Date                                      |  |
| OFFICERS AND DIRECTORS:                     |  |                                       | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | PVT ()<br>MAXWELL, LAV<br>423 9TH AVE.<br>INDIALANTIC, F |                                       | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Change ( ) Addition                   |  |
| Title:                                      | S ()   | Delete                                | Title:                                       | ( ) Change ( ) Addition                   |  |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LAWRENCE MAXWELL PRES 07/06/2007