

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000070394

Entity Name: MIKE MCCALED, ARCHITECT, P.A.

FILED
Apr 16, 2008
Secretary of State

Current Principal Place of Business:

507 72ND ST.
HOLMES BEACH, FL 34217

New Principal Place of Business:

184 RAINBOW DRIVE
#8452
LIVINGSTON, TX 77399

Current Mailing Address:

507 72ND ST.
HOLMES BEACH, FL 34217

New Mailing Address:

184 RAINBOW DRIVE
#8452
LIVINGSTON, TX 77399

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCALED, MICHAEL P
507 72ND ST.
HOLMES BEACH, FL 34217 US

Name and Address of New Registered Agent:

MCCALED, MICHAEL P
184 RAINBOW DRIVE
#8452
LIVINGSTON, TX, FL 77399 US

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.

SIGNATURE:

04/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: MCCALED, MICHAEL P
Address: 507 72ND ST.
City-St-Zip: HOLMES BEACH, FL 34217

Title: V () Delete
Name: MCCALED, MELANIE R
Address: 507 72ND ST.
City-St-Zip: HOLMES BEACH, FL 34217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: MCCALED, MICHAEL P
Address: 184 RAINBOW DRIVE #8452.
City-St-Zip: LIVINGSTON, TX 77399

Title: V (X) Change () Addition
Name: MCCALED, MELANIE R
Address: 184 RAINBOW DRIVE #8452
City-St-Zip: LIVINGSTON, TX 77399

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: MICHAEL P. MCCALED

PS

04/16/2008

Electronic Signature of Signing Officer or Director

Date