2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P02000092112

Entity Name: STUEBBEN ARCHITECTURE, INC.

Current Principal Place of Business:

1450 FLAGLER AVE
SUITE 24
JACKSONVILLE, FL 32207

New Principal Place of Business:

1931 GROVE BLUFF CIRCLE W.
JACKSONVILLE, FL 32259

Current Mailing Address:

PO BOX 600638
JACKSONVILLE, FL 32260

New Mailing Address:

P.O. BOX 600638
JACKSONVILLE, FL 32260

FEI Number: 01-0740927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STUEBBEN, MICHAEL G AIA
1931 GROVE BLUFF CIRCLE W.
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: STUEBBEN, MICHAEL G
Address: 1931 GROVE BLUFF CIRCLE W.
City-St-Zip: JACKSONVILLE, FL 32259

Title: V ( ) Delete
Name: DURAND, TERESA E
Address: 1931 GROVE BLUFF CIRCLE W.
City-St-Zip: JACKSONVILLE, FL 32259

Title: T ( ) Delete
Name: BYRD, MICHAEL A
Address: 1450 FLAGLER AVE
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: BYRD, MICHAEL A
Address: P.O. BOX 600638
City-St-Zip: JACKSONVILLE, FL 32260

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 G. STUEBBEN, AIA PS 04/30/2009
Electronic Signature of Signing Officer or Director — Date