

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132803

**FILED**  
**Jan 23, 2007**  
**Secretary of State**

**Entity Name:** ARCHITECTURAL STRUCTURE, INC.

**Current Principal Place of Business:**

14521 19TH STREET  
DADE CITY, FL 335232904

**New Principal Place of Business:**

**Current Mailing Address:**

14521 19TH STREET  
DADE CITY, FL 335232904

**New Mailing Address:**

P. O. BOX 1804  
DADE CITY, FL 335232904

**FEI Number:** 41-2077007

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCKINNEY, PAMELA R  
10259 NOTTINGHAM FOREST DR  
BROOKSVILLE, FL 34601 US

**Name and Address of New Registered Agent:**

FONZO & MCKINNEY CPA'S  
12593 SPRING HILL DR.  
SPRING HILL, FL 34609 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: XAVIER HERNANDEZ

01/23/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: HERNANDEZ, XAVIER  
Address: 14521 19TH STREET  
City-St-Zip: DADE CITY, FL 335232904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: XAVIER HERNANDEZ

PSTD

01/23/2007

Electronic Signature of Signing Officer or Director

Date