

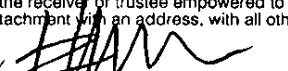


**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

4000 -

<b>DOCUMENT # P03000013649</b>				<b>Secretary of State</b>	
1. Entity Name <b>HEILMAN ARCHITECTURE, P.A.</b>				04-10-2008 90025 021 ***150.00	
Principal Place of Business <b>999 DOGLAS AVE #3322 ALTAMONTE SPRINGS, FL 32714 US</b>		Mailing Address <b>556 THAMES CIRCLE LONGWOOD, FL 32750 US</b>		<b>4000</b>	
2. Principal Place of Business - No P.O. Box # <b>999 DOUGLAS AVE</b>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>04042008 Chg-P CR2E034 (12/06)</b>	
City & State		City & State		4. FEI Number <b>42-1573988</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HEILMAN, ROBERT S 556 THAMES CIRCLE LONGWOOD, FL 32750</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST HEILMAN, ROBERT S 556 THAMES CIRCLE LONGWOOD, FL 32750</b>	<input type="checkbox"/> Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>4.7.08 407767086</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					