

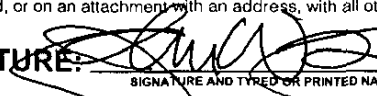


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90002 049 ***550.00

DOCUMENT # P03000028003 1. Entity Name WILDER ARCHITECTURE, INC.					
Principal Place of Business 1517 SEVENTH AVENUE SUITE C TAMPA, FL 33605 US			Mailing Address 3701 EL PRADO BOULEVARD TAMPA, FL 33629		
2. Principal Place of Business 1517 E 7th Avenue Suite, Apt. #, etc. Suite C City & State Tampa, FL Zip 33605		3. Mailing Address 1517 E. 7th Avenue Suite, Apt. #, etc. Suite C City & State Tampa, FL Zip 33605			
Country USA		Country USA		07072006 Chg-P CR2E034 (11/05)	
4. FEI Number 65-1177841				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent WILDER, LARRY G PRES 1517 SEVENTH AVENUE SUITE C TAMPA, FL 33605	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O WILDER, LARRY G PRES 1517 SEVENTH AVENUE, SUITE C TAMPA, FL 33605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O THOMPSON, JOHN W VP 1517 SEVENTH AVENUE, SUITE C TAMPA, FL 33605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O RICE, ERIC C VP 1517 SEVENTH AVENUE, SUITE C TAMPA, FL 33605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O 	<input type="checkbox"/> Delete			
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: 		JOHN THOMPSON		9/5/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 813.242.6677	