

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108852

FILED
Apr 28, 2006
Secretary of State

Entity Name: ARCHI DESIGN ASSOCIATES, INC.

Current Principal Place of Business:

11277 CLOVERHILL COURT
JACKSONVILLE, FL 32257

New Principal Place of Business:

10688 SAINT AUGUSTINE ROAD
SUITE 2
JACKSONVILLE, FL 32257

Current Mailing Address:

11277 CLOVERHILL COURT
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 11-3705854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESIDENTIAL DESIGN PROFESSIONALS, INC.
10688 SAINT AUGUSTINE
SUITE 2
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

JAMES A. NOLAN, PA
4114 HERSCHEL STREET
SUITE 105
JACKSONVILLE, FL 32210 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: JAMES A NOLAN

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LITTLE, TIMOTHY S
Address: 11277 CLOVERHILL COURT
City-St-Zip: JACKSONVILLE, FL 32257

Title: V () Delete
Name: LITTLE, STEPHANIE C
Address: 11277 CLOVERHILL COURT
City-St-Zip: JACKSONVILLE, FL 32257

Title: S () Delete
Name: LITTLE, MICKEY E
Address: 3908 LITTLE LANE
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: TIMOTHY S LITTLE

DP

04/28/2006

Electronic Signature of Signing Officer or Director

Date