2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108852

Name:

Address:

City-St-Zip:

LITTLE, MICKEY E

3908 LITTLE LANE

JACKSONVILLE, FL 32223

Entity Name: ARCHI DESIGN ASSOCIATES, INC

FILED May 01, 2007 Secretary of State

Littly Nai	ile. ARCHIL	DESIGN ASSOCIATES, INC).				
Current Principal Place of Business:				New Principal Place of Business:			
10688 SAINT AUGUSTINE ROAD SUITE 2 JACKSONVILLE, FL 32257				12276 SAN JOSE BOULEVARD SUITE 119 JACKSONVILLE, FL 32223 US			
Current Mailing Address:				New Mailing Address:			
11277 CLOVERHILL COURT JACKSONVILLE, FL 32257				11277 CLOVERHILL COURT JACKSONVILLE, FL 32257 US			
FEI Number:	11-3705854	FEI Number Applied For()	FEI Num	nber Not Appl	icable () Cer	tificate of Status De	sired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SUITE 105 JACKSON The above	VILLE, FL 32 named entity of Florida.		the purpose of	fchanging i	ts registered office	or registered age	∍nt, or both,
Electronic Signature of Registered Agent				 Date			
Election Car		93(2)(b), F.S., the corporation d ng Trust Fund Contribution(). CTORS:	lid not receive th	•	e. S/CHANGES TO	OFFICERS AND	DIRECTORS:
Title: Name: Address: City-St-Zip:	LITTLE, TIMO 11277 CLOVE) Delete THY S ERHILL COURT LE, FL 32257		Title: Name: Address: City-St-Zip:	DP (X) Cha LITTLE, TIMOTHY S 11277 CLOVERHILL JACKSONVILLE, FL	. COURT	
Title: Name: Address: City-St-Zip:	LITTLE, STEP 11277 CLOVE) Delete HANIE C ERHILL COURT LE, FL 32257		Title: Name: Address: City-St-Zip:	()Cha	nge () Addition	
Title:	S () Delete		Title:	() Cha	nge () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: TIMOTHY S. LITTLE DP 05/01/2007