

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90110 005 ***150.00

DOCUMENT # P04000047760

1. Entity Name
WATERFORD ARCHITECTURAL DESIGN GROUP, INC.



Principal Place of Business Mailing Address
333 SOUTH TAMIAMI TRAIL, STE. 203 **333 SOUTH TAMIAMI TRAIL, STE. 203**
VENICE, FL 34285 **VENICE, FL 34285**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
333 South Tamiami Trail **333 South Tamiami Trail**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 203 **Suite 203**
 City & State City & State
Venice, FL **Venice, FL**

Zip Country Zip Country
34285 **US** **34285** **US**



04302008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
34-1987446 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

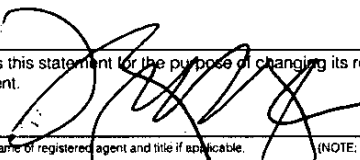
6. Name and Address of Current Registered Agent

MILLER, MICHAEL W
333 SOUTH TAMIAMI TRAIL, STE. 101
VENICE, FL 34285

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
333 South Tamiami Trail, Suite 203
 City State Zip Code
Venice **FL** **34285**

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: **5/1/08**

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, MICHAEL W 333 SOUTH TAMIAMI TRAIL, STE. 101 VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 South Tamiami Trail, Suite 203 Venice, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARRISH, JAYNE E 333 SOUTH TAMIAMI TRAIL, STE. 101 VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 South Tamiami Trail, Suite 203 Venice, FL 34285
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, MARC 333 SOUTH TAMIAMI TRAIL, STE. 101 VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 South Tamiami Trail, Suite 203 Venice, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Date: **5/1/08** Daytime Phone #: **941-441-1656**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR