
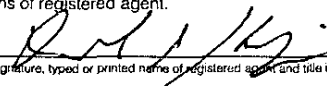
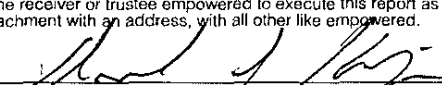


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

P04000113185

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 14 PM 12:20

DOCUMENT # P04000113185			
1. Entity Name NEXUSARCHITECTURE, INC.			
Principal Place of Business 3703 W HORATIO STREET TAMPA, FL 33609		Mailing Address 3703 W HORATIO STREET TAMPA, FL 33609	
2. Principal Place of Business 4305 S Coolidge Ave		3. Mailing Address 4305 S Coolidge Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL 33611		City & State Tampa, FL 33611	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MCKEE, ELIZABETH 1718 E 7TH AVE SUITE 301 TAMPA, FL 33605		7. Name and Address of New Registered Agent Name Daniel L Kupiec Street Address (P.O. Box Number is Not Acceptable) 4305 S Coolidge Ave City Tampa FL Zip Code 33611	
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: 		DATE: 10/1/2005	
Amended AR is \$61.25		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	DP PESTRAK, WALTER 3703 W HORATIO STREET TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700060611997 10/14/05--01009--003 **105.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KUPIEC, DANIEL 3703 W HORATIO STREET TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kupiec, Daniel 4305 S Coolidge Ave Tampa, FL 33611 <input checked="" 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
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
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 exemption stated in Section 119.07(3)(i), 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: 10/1/2005 813-842-7412	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	