


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90113 018 ***150.00

DOCUMENT # P04000145788 1. Entity Name NR ARCHITECTURAL PRODUCTS, INC.					
Principal Place of Business 6670-A WHITE DRIVE RIVIERA BEACH, FL 33407 US			Mailing Address 6670-A WHITE DRIVE RIVIERA BEACH, FL 33407 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 4348 Westroads Drive		
City & State			City & State		
Zip		Country		4. FEI Number 20-1792923	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SHAMSHAD, NOSHAD ALI 2720 TECUMSEH DRIVE WEST PALM BEACH, FL 33409				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4348 Westroads Drive 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	P SHAMSHAD, NOSHAD ALI 6670-A WHITE DRIVE RIVIERA BEACH, FL 33407		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4348 Westroads Drive	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAHZAD, ALI 6670-A WHITE DRIVE RIVIERA BEACH, FL 33407		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4348 Westroads Drive	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03/25/2006 8441121 <small>Date Daytime Phone #</small>		