


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90012 020 \*\*\*150.00

40042431

<b>DOCUMENT # P04000145788</b> 1. Entity Name <b>NR ARCHITECTURAL PRODUCTS, INC.</b>					
Principal Place of Business <b>6670-A WHITE DRIVE</b> <b>RIVIERA BEACH, FL 33407 US</b>			Mailing Address <b>4348 WESTROADS DR</b> <b>RIVIERA BEACH, FL 33407 US</b>		
2. Principal Place of Business - No P.O. Box # <b>4348 WESTROADS DR</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>WEST PALM BEACH, FL</b>		City & State Suite, Apt. #, etc.		03222007    Chg-P    CR2E034 (12/06)	
Zip <b>33407</b>		Country <b>USA</b>		4. FEI Number <b>20-1792923</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SHAMSHAD, NOSHAD ALI</b> <b>4348 WESTROADS DR</b> <b>WEST PALM BEACH, FL 33409</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when resigning)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		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 <b>SHAMSHAD, NOSHAD ALI</b> <b>4348 WESTROADS DR</b> <b>RIVIERA BEACH, FL 33407</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>SHAHZAD, ALI</b> <b>4348 WESTROADS DR</b> <b>RIVIERA BEACH, FL 33407</b>		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	
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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					
<b>SIGNATURE: NOSHAD ALI SHAMSHAD</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>561-844-1121</b> Date    Daytime Phone #		