

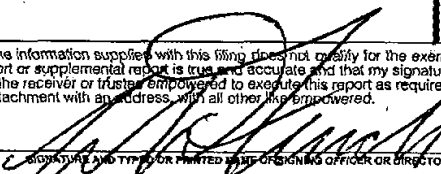
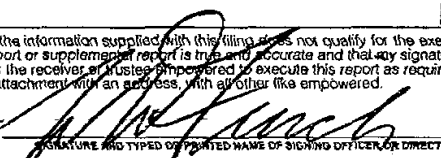


ANNUAL REPORT

Jan 31
Sec

DOCUMENT # P04000154273 1. Entity Name ARCHITECTURAL RAILS, INC.		
Principal Place of Business 3595 FRANKFORD AVENUE PANAMA CITY, FL 32405 US	Mailing Address 3595 FRANKFORD AVENUE PANAMA CITY, FL 32405 US	
DO NOT WRITE IN THIS SPACE		
<div style="text-align: right;">  01252008 No Chg-P CR2E034 (11/05) </div>		
4. FEI Number 20-1879352		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WILLIAMS, JACK G 502 HARMON AVENUE PANAMA CITY, FL 32401		
DO NOT WRITE IN THIS SPACE		
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 reinstating)</small>		
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution.. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FINCH, DENNIS 3595 FRANKFORD AVENUE PANAMA CITY, FL 32405	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FINCH, DUSTIN 3595 FRANKFORD AVENUE PANAMA CITY, FL 32405	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  WD Finch 1-27-06 850-872-0559 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

NAME STREET ADDRESS CITY - ST - ZIP	_____	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	
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:  WD Finch 1-27-06 850-872-0559 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		