


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90113 013 ***150.00

DOCUMENT # P05000149634 1. Entity Name ARCHITECTURAL EDUCATION DEVELOPMENT, INC.					
Principal Place of Business 115 EAST FORSYTH STREET JACKSONVILLE, FL 32202			Mailing Address 115 EAST FORSYTH STREET JACKSONVILLE, FL 32202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VU, TRI T 115 EAST FORSYTH STREET JACKSONVILLE, FL 32202				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
NAME			NAME	Tri T. Vu	
STREET ADDRESS			STREET ADDRESS	115 E. Forsyth Street	
CITY - ST - ZIP			CITY - ST - ZIP	Jacksonville, FL 32202	
TITLE	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
NAME			NAME	Secretary, Treasurer	
STREET ADDRESS			STREET ADDRESS	Lori Vu	
CITY - ST - ZIP			CITY - ST - ZIP	115 E. Forsyth Street	
TITLE	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <i>Lori O. Vu</i> Lori O. Vu <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/24/06 <small>Date</small>		(904) 798-8333 <small>Daytime Phone #</small>