


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 02, 2008 8:00 am
Secretary of State

07-02-2008 90001 003 ***158.75

DOCUMENT # P05000164813 1. Entity Name JAA ARCHITECTURE INC.	
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Principal Place of Business 4661 KERLE ST. JACKSONVILLE, FL 32205	Mailing Address 4661 KERLE ST. JACKSONVILLE, FL 32205
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DO NOT WRITE IN THIS SPACE



06242008 No Chg-P CR2E034 (11/05)

4. FEI Number 86-1154346	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALLMAND, JOHN A
4661 KERLE ST
JACKSONVILLE, FL 32205**

**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:  **John Allmand** DATE: **6/25/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLMAND, JOHN A 4661 KERLE ST. JACKSONVILLE, FL 32205
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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.

SIGNATURE:  **John Allmand** DATE: **6/25/08** DAYTIME PHONE #: **904-537-3992**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR