2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 19, 2007 8:00 am Secretary of State DOCUMENT # P06000078245 1. Entity Name 04-19-2007 90210 043 ***150.00 ARCHITECTURE AND DEVELOPMENT INC. Principal Place of Business Mailing Address 1320 E 9TH AVENUE, SUITE A 1320 E 9TH AVENUE, SUITE A **TAMPA FL 93005** TAMPA-FL-33605 2. Principal Place of Business - No P.O. Box # 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KROGER, KEN Street Address (P.O. Box Number is Not Acceptable) 1320 E 9TH AVENUE, SUITE A TAMPA FL 33605 City 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...] am_familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title inapplicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. HIII ☐ Delete HITE ☐ Change Addition KROGER, KEN 1320 E 9TH AVENUE, SUITE A STREET ADDRESS STREET ADDRESS **TAMPA FL 33605** CITY-ST-7IP CHY ST 7P VΡ TOTAL. ☐ Delete ☐ Change Addition MEJIA, HERMAN NAME NAM 1320 E 9TH AVENUE, SUITE A STREET ADDRESS STREET LADDRESS **TAMPA FL 33605** CITY-ST-ZIP CITY ST ZIP ☐ Delete Change Addition THE DILE NAMI ROWLAND, DUSTIN 1320 E 9TH AVENUE, SUITE A STREET ADDRESS STREET ADDRESS TAMPA FL 33605 CITY ST-ZIP CITY ST ZIP Delete ☐ Change THE THLE □ Addition GEORGE, CYNTIA NAMU NAME 1320 E 9TH AVENUE, SUITE A STREET ADDRESS STREET ADDRESS **TAMPA FL 33605** CITY-ST-ZIP CITY ST ZIP ☐ Delete Addition TONKYRO, VIRGINIA 1320 E 9TH AVENUE, SUITE A STREET ADDRESS STREET ADDRESS TAMPA FL 33605 CITY-ST-ZIP CITY ST ZIP TITLE ☐ Addition THE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CHY-ST-ZIP CITY-SI-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED