## . 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT (AR)** DOCUMENT # P06000100163

1. Entity Namo

ARCHITECTURAL DESIGNS IMAGES, INC.



Mailing Address

Principal Place of Business

| 1320 E 9TH AVENUE, SUITE 1<br>TAMPA FL 33605  |  | 1320 E 91H AVENUE<br>TAMPA FL 33605 |                           |  |   |                            |              |                               |
|---|--|-------------------------------------|---------------------------|--|---|----------------------------|--------------|-------------------------------|
| 2. Principal Place of Business - No P.O. Box #  |  | 3. Mailing Address                  |                           |  |   |                            |              |                               |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                 |                           | -  | 1st MOORE   | CR2E034 (10                | /06)         |                               |
| City & State  |  | City & State                        |                           | 4. FEI Nur   | 4. FEI Number 51-0611658 Applied For   Not Applicable |                            |              |                               |
| Zip   | Country 11.5.  | Zip                                 | Country                   |  | ate of Status Desired                                 | □ \$8.                     | 75 Addi      | tional                        |
| 6. Name and Address of Current Registered Agent   |  |                                     |                           |  | nd Address of New                                     | ·                          | <del>`</del> |                               |
|   |  |                                     |                           | ne   |   |                            |              |                               |
| KROGER, KEN<br>1320 E 9TH AVENUE, SUITE 1<br>TAMPA FL 33605   |  |                                     | Str                       | Street Address (P.O. Box Number is Not Acceptable) |   |                            |              |                               |
| IAr   | WFA FL 33003   |                                     |                           |  |   |                            | ·            |                               |
|   |  |                                     | Cit                       | <i>'</i>   |   | FL <sup>7</sup>            | Zip Code     | 1                             |
| 8. The above named ontity 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. |  |                                     |                           |  |   |                            |              |                               |
| CONATURE  |  |                                     |                           |  |   |                            |              |                               |
| SIGNATURE   | Signature, typed or printed name of registered agent | and title if applicable. (NO)       | TE., Registered Agant     | signature required when remstating)                | 1   | DATE                       |              |                               |
| F   | ILE NOW!!! FEE IS \$150.00                           |                                     |                           |  | 0. Election Com                                       | paign Financing            | ee c         | 30                            |
| After May 1, 2007 Fee Will Be \$550.00  Make Check Payable to Florida Department of State   |  |                                     |                           |  | Trust Fund C  |                            |              | <b>)0</b> May Be<br>d to Fees |
| 10.   | OFFICERS AND   | DIRECTORS                           | 11.                       | ADDITION   | NS/CHANGES TO O                                       | FFICERS AND DIR            | ECTORS       | 3IN 11                        |
| IIILE   | P P P P P P P P P P P P P P P P P P P                | ☐ Delete                            | HILE                      |  |   |                            | Change       | Addition                      |
| NAME<br>STREET ADDRESS  | KROGER, KEN<br>1320 E 9TH AVENUE, SUITE 1            |                                     | NAME<br>STREET AOD        | xee  |   |                            |              | •                             |
| CITY-ST-7IP   | TAMPA FL 33605                                       |                                     | CITY ST ZI                | 1  |   |                            |              |                               |
| THE   | VP   | ☐ Delete                            | TIFLE                     |  |   |                            | Change       | Addition                      |
| NAME.   | MEJIA, HERMAN  |                                     | NAME                      |  |   |                            |              |                               |
| STREET ADDRESS<br>CITY-ST-7IP   | 1320 E 9TH AVENUE, SUITE 1<br>TAMPA FL 33605         |                                     | STREET ADD                |  |   |                            |              |                               |
| HHE   | VP   | □ Delete                            | 10 E                      |  |   |                            | Change       | Addilion                      |
| NAME -  | ROWLAND, DUSTIN                                      | □ Detete                            | NAME.                     |  |   | ب                          | · ·          |                               |
| STREET ADDRESS  | 1320 E 9TH AVENUE, SUITE 1                           |                                     | STREET ADD                | €SS  |   |                            |              |                               |
| CITY-ST-7IP   | TAMPA FL 33605                                       |                                     | CHY SI-70                 |  |   |                            |              |                               |
| TITLE   | VP<br>GEORGE, CYNTHIA                                | Delele                              | INTLE                     |  |   |                            | Change       | Addition                      |
| NAME<br>CIRCLE ADDRESS  | 1320 E 9TH AVENUE, SUITE 1                           |                                     | NAMI<br>SIREET <b>ADO</b> | жее  |   |                            |              |                               |
| STREET ADDRESS<br>CITY - ST - ZIP   | TAMPA FL 33605                                       |                                     | CITY SL ZII               |  |   |                            |              |                               |
| TITE  | ST   | ☐ Delete                            | TILLE                     |  |   |                            | Change       | Addition                      |
| NAME  | TONKYRO, VIRGINIA C                                  |                                     | NAMł                      |  |   |                            | -            |                               |
| STREET ADDRESS  | 1320 E 9TH AVENUE, SUITE 1<br>TAMPA FL 33605         |                                     | STREET AOD                |  |   |                            |              |                               |
| CHY-S1-7/P  |  |                                     | CHY S1-ZII                |  |   |                            | Change       | CT Addition                   |
| TITLE<br>NAME   |  | ☐ Delete                            | IITLE<br>NAME             |  |   |                            | Change       | Addition                      |
| STREET ADDRESS  |  |                                     | STREET ADD                | æss  |   |                            |              |                               |
| CITY-S1-7IP   |  |                                     | CHY-SI-70                 | 5  |   |                            |              |                               |
| 43   barchii  | earlify that the information evenlind with           | in this klima dans not avalle.      | for the aver-             | inna nantainad in Cantian                          | 110 Clasida Clatula                                   | - I forether a contifer to | and then in  | ·lo                           |

I hereby certify that the information supplied with this ling 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 itustee 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 eddress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Apr 20, 2007 8:00 am Secretary of State

04-20-2007 90201 027 \*\*\*150.00