2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000115844

Entity Name: MSP ARCHITECTURE, INC.

FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	HWY 19 NO BOR, FL 34						
Current Mailing Address:				New Mailing Address:			
32815 U.S. HWY 19 NO PALM HARBOR, FL 34684				32815 U.S. HWY 19 NO. PALM HARBOR, FL 34684			
FEI Number:	37-1553124	FEI Number Applied For ()	FEI Number	Not Applic	cable ()	Certificate of Statu	s Desired()
Name and	Address of	Current Registered Agent:	Na	me and A	Address of N	lew Registered A	gent:
UCC FILING & SEARCH SERVICES, INC. 1574 VILLAGE SQUARE BLVD #100 TALLAHASSEE, FL 32309 US 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.							
SIGNATUR							
0,0,0,0,0		onic Signature of Registered Ager	nt			Date	
Election Carr	paign Financi	ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PLANES, WIL 32801 US HV				()) Change ()Addition	
Title: Name: Address: City-St-Zip:	PLANES, REG 32801 US HV				()) Change ()Addition	
Title: Name: Address: City-St-Zip:	D (PLANES, WIL 32801 US HV PALM HARBO	/Y 19 NO			()) Change ()Addition	
Title: Name: Address: City-St-Zip:	AIELLO, PAU 32801 US HV				()) Change ()Addition	
Title: Name: Address: City-St-Zip:	BROWN, SHE 32801 US HIG) Delete EAN K SHWAY 19 NO DR, FL 34684		ne:	DVP (X BROWN, SHEA 32801 US HIGH PALM HARBOR	HWAY 19 NO	
Title: Name: Address: City-St-Zip:	SLATOR, BRI 32801 US HV			ne: Iress:	S (X WHITE, LANGF 32815 US HIGH PALM HARBOR	HWAY 19 NO.	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LANGFRED W. WHITE S 04/24/2009