2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# P08000057985

Entity Name: COTE RENARD ARCHITECTURE, INC.

Current Principal Place of Business:

13500 SUTTON PARK DRIVE
SUITE 301
JACKSONVILLE, FL 32224

New Principal Place of Business:

13500 SUTTON PARK DRIVE SOUTH
SUITE 301
JACKSONVILLE, FL 32224

Current Mailing Address:

13500 SUTTON PARK DRIVE
SUITE 301
JACKSONVILLE, FL 32224

New Mailing Address:

13500 SUTTON PARK DRIVE SOUTH
SUITE 301
JACKSONVILLE, FL 32224

FEI Number: 26-2921222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AHERN, FRED L JR.
2215 SOUTH THIRD STREET
SUITE 101
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/T ( ) Delete
Name: COTE, BRIAN J
Address: 121 NORTH ROSCOE BOULEVARD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP ( ) Delete
Name: RENARD, NICHOLAS J
Address: 11651 KINGSLEY MANOR WAY
City-St-Zip: JACKSONVILLE, FL 32225

Title: S ( ) Delete
Name: WAIZMAN, SCOTT
Address: 5151 PLAYPEN DRIVE, APT 14
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change ( ) Addition
Name: COTE, BRIAN J PRES.
Address: 121 NORTH ROSCOE BOULEVARD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP (X) Change ( ) Addition
Name: RENARD, NICHOLAS J V.P.
Address: 11651 KINGSLEY MANOR WAY
City-St-Zip: JACKSONVILLE, FL 32225

Title: S (X) Change ( ) Addition
Name: WAIZMAN, SCOTT SEC.
Address: 5151 PLAYPEN DRIVE, APT 14
City-St-Zip: JACKSONVILLE, FL 32210

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: BRIAN J. COTE PRES 01/13/2009
Electronic Signature of Signing Officer or Director — Date