


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 08, 2006 08:00 AM
Secretary of State**

DOCUMENT # P26848 1. Entity Name BASSENIAN/LAGONI ARCHITECTS, INC.	
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Principal Place of Business 2031 ORCHARD DRIVE SUITE 100 NEWPORT BEACH, CA 92660 US	Mailing Address 2031 ORCHARD DRIVE SUITE 100 NEWPORT BEACH, CA 92660 US
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01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-3398546	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000425332 02/18/06-80092-008 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BASSENIAN, ARAM 2031 ORCHARD DRIVE #100 NEWPORT BEACH, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAGONI, CARL 2031 ORCHARD DRIVE #100 NEWPORT BEACH, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM ROGALINER, LEE 2031 ORCHARD DRIVE #100 NEWPORT BEACH, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **2-3-06 949-553-9100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #