

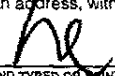


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P26848 1. Entity Name BASSENIAN/LAGONI ARCHITECTS, INC.			
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	
DO NOT WRITE IN THIS SPACE			
		 07022007 No Chg-P CR2E034 (11/05)	
		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		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) U000000769422 07/18/07-80006-017 158.75 DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Carl W. Lagoni		7-10-07 949-553-9100 Date Daytime Phone #	