


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P93000084552	
1. Entity Name ARCHITECTURAL IMPLANTS, INC.	

Principal Place of Business 9300 CARLTON RD PORT ST LUCIE, FL 34988	Mailing Address 9300 CARLTON RD PORT ST LUCIE, FL 34988
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DO NOT WRITE IN THIS SPACE



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0469002	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

LOUCKS, GLENN W JR
9300 CARLTON RD
PORT SAINT LUCIE, FL 34987-3209

**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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	11000000749401
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUCKS, GLEN W JR 9300 CARLTON RD PORT ST LUCIE, FL 34988
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUCKS, MARY A JR 9300 CARLTON RD PT ST LUCIE, FL 34988
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN, STEVEN E 9300 CARLTON RD PT ST LUCIE, FL 34988
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

05/18/07-80022-006 150.00

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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: Glenn W. Loucks Jr President 4-26-07 272 489 9960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #