

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000013139

FILED
Aug 05, 2005
Secretary of State

Entity Name: ARCHITECTURAL DESIGNS UNLIMITED, INC.

Current Principal Place of Business:

4325 OCEAN DR
LAUDERDALE BY THE SEA, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

12913 CREEDMOOR RD.
WAKE FOREST, NC 27587 US

New Mailing Address:

FEI Number: 65-0468369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, JOHN P
2825 N.E. 15TH. STREET
POMPANO BEACH, FL 33062 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: BELL, JOHN P
Address: 2825 N.E. 15 TH. STREET
City-St-Zip: POMPANO BEACH, FL 33062

Title: VP () Delete
Name: CATAYLO, CARMELITO
Address: 2825 N.E. 15TH. STREET
City-St-Zip: POMPANO BEACH, FL 33062

Title: V () Delete
Name: BELL, DIANA M
Address: 12913 CREEDMOOR ROAD
City-St-Zip: WAKE FOREST, NC 27587

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN P. BELL

PSTD

08/05/2005

Electronic Signature of Signing Officer or Director

Date