2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000013617

Entity Name: ARCHITECTURE STUDIO, INC

FILED Jan 22, 2007 Secretary of State

Entity Nai	me: ARCHII	ECTURE STUDIO, INC.					
Current P	rincipal Plac	e of Business:	New Princ	New Principal Place of Business:			
114 S. MA OCALA, F	GNOLIA AVE L 34474						
Current M	lailing Addre	ess:	New Mailing Address:				
114 S. MA OCALA, F	GNOLIA AVE L 34474						
FEI Number	: 59-3263092	FEI Number Applied For()	FEI Number Not Appli	cable ()	Certificate of Status Des	ired (X)	
Name and	l Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
	JOSEPH A GNOLIA AVE L 34474 L	IS					
	named entity e of Florida.	submits this statement for the	purpose of changing it	s registered o	office or registered ager	t, or both,	
SIGNATUI	RE:						
	Electro	onic Signature of Registered Ac	gent		Date		
Election Car	mpaign Financi	ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	SOSA, ROLAI 5783 NE 62N		Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	PTD (RISPOLI, JOS 2727 SE 23R OCALA, FL 3	D AVE	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	VP (BORST, MICH 4926 NW 19T GAINESVILLE	H PLACE	Title: Name: Address: City-St-Zip:	VP (X CZYZNIKIEWIO 14221 SE 88TH SUMMERFIELI	HTERRACE		
Title: Name: Address: City-St-Zip:	VP (SHAH, RAJEN 11530 KENLE ORLANDO, F	Y CIR	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title:	VP (X) Delete	Title:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSEPH A. RISPOLI PRES 01/22/2007

CZYZNIKIEWICZ, RONALD CHESTER

11530 KENLEY CIR

City-St-Zip: ORLANDO, FL 32824

Name:

Address: