

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000087926

FILED
Jan 08, 2007
Secretary of State

Entity Name: FLEMING & ASSOCIATES ARCHITECTURAL DESIGN, INC.

Current Principal Place of Business:

1047 5TH AVE N
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

1047 5TH AVE N
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 65-0536912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEMING, BRIAN K
1047 5TH AVE N
NAPLES, FL 34102 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FLEMING, BRIAN K
Address: 5349 CORAL WOOD DR
City-St-Zip: NAPLES, FL

Title: D () Delete
Name: CASSARINO, THOMAS D
Address: 4981 10TH AVE SW
City-St-Zip: NAPLES, FL

Title: D () Delete
Name: WELLING, JON
Address: 3211 15 TH. AV. S.W.
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FLEMING, BRIAN K
Address: 5349 CORAL WOOD DR
City-St-Zip: NAPLES, FL 34119

Title: D (X) Change () Addition
Name: CASSARINO, THOMAS D
Address: 4981 BOXWOOD WAY
City-St-Zip: NAPLES, FL 34116

Title: D (X) Change () Addition
Name: WELLING, JON
Address: 3211 15 TH. AV. S.W.
City-St-Zip: NAPLES, FL 34117

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.

SIGNATURE: THOMAS D. CASSARINO

TREA

01/08/2007

Electronic Signature of Signing Officer or Director

Date