2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000087926

FILED Jan 11, 2008 Secretary of State

Entity Name: FLEMING & ASSOCIATES ARCHITECTURAL DESIGN, INC.

| Current Principal Place of Business: | | New Principal Place | New Principal Place of Business: | |
|--|---|---|---|---|
| 047 5TH / APLES, F | AVE N FL 34102 | US | | |
| urrent M | lailing Add | ress: | New Mailing Addres | s: |
| 047 5TH / APLES, F | AVE N FL 34102 | US | | |
| ≣l Number: | : 65-0536912 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| ame and | l Address o | of Current Registered Agent: | Name and Address of | of New Registered Agent: |
| 047 5TH | BRIAN K AVE N FL 34102 | US | | |
| | | | | |
| | e named ent e of Florida. | ty submits this statement for the p | purpose of changing its registere | d office or registered agent, or both, |
| | e of Florida. RE: | | | d office or registered agent, or both, |
| the State | e of Florida. RE: Elect | ronic Signature of Registered Ag | | ed office or registered agent, or both, Date |
| the State | e of Florida. RE: Elect | ronic Signature of Registered Ag | ent | |
| the State | e of Florida. RE: Elect mpaign Finan S AND DIR D FLEMING, E | ronic Signature of Registered Agcing Trust Fund Contribution (). ECTORS: () Delete BRIAN K L WOOD DR | ent | Date |
| the State GNATUF ection Can FFICERS le: me: dress: | e of Florida. RE: Elect mpaign Finan S AND DIR D FLEMING, E 5349 CORA NAPLES, FI | ronic Signature of Registered Agring Trust Fund Contribution (). ECTORS: () Delete BRIAN K L WOOD DR L 34119 () Delete D, THOMAS D WOOD WAY | ent ADDITIONS/CHANG Title: Name: Address: | Date ES TO OFFICERS AND DIRECTOR |

I hereby certify that the information supplied with this filing does not qualify 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 CASSARINO D 01/11/2008