

**2007 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

2007 JUL -2 AM 10: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06262007 Chg-P CR2E034 (12/06)

DOCUMENT # P95000022136
1. Entity Name
SGA ARCHITECTURE, INC.



Principal Place of Business: 251 ROYAL PALM WAY, SUITE 300-A, PALM BEACH, FL 33480 US
Mailing Address: 251 ROYAL PALM WAY, SUITE 300-A, PALM BEACH, FL 33480 US

2. Principal Place of Business - No P.O. Box #: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State
Zip: Country

4. FEI Number: 65-0677988
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GOLIGER, SPENCER
251 ROYAL PALM WAY, SUITE 300-A
PALM BEACH, FL 33480

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: **FL** Zip Code: _____

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: _____ DATE: _____

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: PSTD NAME: GOLIGER, SPENCER STREET ADDRESS: 251 ROYAL PALM WAY, SUITE 300-A CITY-ST-ZIP: PALM BEACH, FL 33480	<input type="checkbox"/> Delete
TITLE: V NAME: MORRIS, HARRY G STREET ADDRESS: 251 ROYAL PALM WAY, SUITE 300-A CITY-ST-ZIP: PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1001062601?1 07/17/07--01020--021 **\$1.25
TITLE: V NAME: Hansrote, Roger W. STREET ADDRESS: 251 Royal Palm Way, Suite 300-A CITY-ST-ZIP: Palm Beach, FL 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 fees empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____
DATE: 6/27/07 561834/883

7/500