


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| 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 |
|---|---|

DO NOT WRITE IN THIS SPACE



04102008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0677988 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

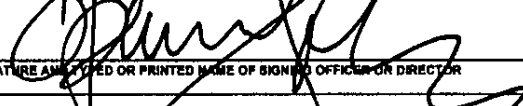
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST GOLIGER, SPENCER 251 ROYAL PALM WAY, SUITE 300-A PALM BEACH, FL 33480 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HANSROTE, ROGER W 251 ROYAL PALM WAY, SUITE 300-A PALM BEACH, FL 33480 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

00000938169
05/27/08-80078-021 158.75

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 like empowered.

SIGNATURE:  _____

Date: 4/28/08 Daytime Phone #: 561-832-1883