
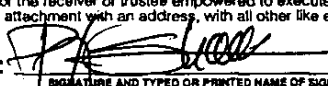


**FILED**  
**May 23, 2007 8:00 am**  
**Secretary of State**

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04-30-2007 90399 024 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P95000058259</b> 1. Entity Name ARCHITECTS CO-PARTNERSHIP, INC.		
Principal Place of Business C/O SHAW 2425 GULF OF MEXICO DRIVE #14F LONGBOAT KEY, FL 34228		Mailing Address P.O. BOX 8056 LONGBOAT KEY, FL 34236
<b>DO NOT WRITE IN THIS SPACE</b>		
5. Name and Address of Current Registered Agent  SHAW, PETER J 2425 GULF OF MEXICO DRIVE #14F LONGBOAT KEY, FL 34228		<b>DO NOT WRITE IN THIS SPACE</b>
6. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	POST SHAW, PETER J 2425 GULF OF MEXICO DRIVE #14F LONGBOAT KEY, FL 34228	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SAMPLE, RANDALL P 3161 CAMPBELL STREET SARASOTA, FL 34231	
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		
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:  <b>PRESIDENT</b>		<b>5/19/07 041 383 2878</b> Date Daytime Phone #