

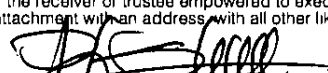


FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000058259				Secretary of State	
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			
DO NOT WRITE IN THIS SPACE					
		04112008 No Chg-P CR2E034 (11/05)			
		4. FEI Number 65-0604905		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 SHAW, PETER J 2425 GULF OF MEXICO DRIVE #14F LONGBOAT KEY, FL 34228		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE			
TITLE	PDST				
NAME	SHAW, PETER J				
STREET ADDRESS	2425 GULF OF MEXICO DRIVE #14F				
CITY - ST - ZIP	LONGBOAT KEY, FL 34228				
TITLE	VP				
NAME	SAMPLE, RANDALL P				
STREET ADDRESS	3161 CAMPBELL STREET				
CITY - ST - ZIP	SARASOTA, FL 34231				
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: 		1/13/08 941-GSO 1145			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			