2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000095786

Surrent Bringing Blood of Buginess

Entity Name: NEW ARCHITECTURA, INC.

FILED Apr 04, 2005 Secretary of State

Current Mailing Address	Now Mailing Address:
27300 RIVERVIEW CENTER BLVD. SUITE 207 BONITA SPRINGS, FL 34140 US	27300 RIVERVIEW CENTER BLVD. SUITE 207 BONITA SPRINGS, FL 34134 US
Current Principal Place of Business:	New Principal Place of Business:

Current Mailing Address: New Mailing Address:

27300 RIVERVIEW CENTER BLVD.
SUITE 207
BONITA SPRINGS, FL 34140 US
27300 RIVERVIEW CENTER BLVD.
SUITE 207
BONITA SPRINGS, FL 34134 US

FEI Number: 65-0639455 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ABAD, ALBERTO
809 WALKERBILT RD
UNIT 1
NAPLES, FL 34110 US

ABAD, ALBERTO
27300 RIVERVIEW CENTER BLVD.
SUITE 207
BONITA SPRINGS, FL 34134 US

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.

SIGNATURE: 04/04/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

New Bringing Blood of Business

Title: () Delete Title: (X) Change () Addition ABAD, ALBERTO Name: Name: ABAD, ALBERTO 809 WALKERBILT RD, UNIT 1 27300 RIVERVIEW CENTER BLVD., SUITE 207 Address: Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: BONITA SPRINGS, FL 34134 () Delete Title: ٧S Title: () Change () Addition

 Name:
 ABAD, ALBERTO
 Name:

 Address:
 31 CAJEPUT DRIVE
 Address:

 City-St-Zip:
 NAPLES, FL 34108
 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 MARTIN, KEITH
 Name:

 Address:
 31 CAJEPUT DRIVE
 Address:

 City-St-Zip:
 NAPLES, FL 34108
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALBERTO ABAD P 04/04/2005