## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000095786

Entity Name: NEW ARCHITECTURA, INC.

FILED May 17, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

27300 RIVERVIEW CENTER BLVD. 3561 BONITA BAY BLVD NORTH SUITE 207 BONITA SPRINGS, FL 34134 US

BONITA SPRINGS, FL 34134 US

Current Mailing Address: New Mailing Address:

27300 RIVERVIEW CENTER BLVD.

SUITE 207

BONITA SPRINGS, FL 34134 US

3561 BONITA BAY BLVD NORTH
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
27300 RIVERVIEW CENTER BLVD.
SUITE 207
BONITA SPRINGS, FL 34134 US

ABAD, ALBERTO
3561 BONITA BAY BLVD NORTH
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: ALBERTO ABAD 05/17/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 ABAD, ALBERTO
 Name:
 ABAD, ALBERTO

 Address:
 27300 RIVERVIEW CENTER BLVD., SUITE 207
 Address:
 3561 BONITA BAY BLVD NORTH

City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134

 Title:
 VS
 ( ) Delete
 Title:

 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 exemption stated 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 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 05/17/2007