

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000066811

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: PHOENIX ARCHITECTURE, INC.

## Current Principal Place of Business:

1759 N. FLORIDA MANGO ROAD  
SUITE 8  
WEST PALM BEACH, FL 33409 US

## New Principal Place of Business:

3684 A RD  
LOXAHATCHEE, FL 33470 US

## Current Mailing Address:

1759 N. FLORIDA MANGO ROAD  
SUITE 8  
WEST PALM BEACH, FL 33409 US

## New Mailing Address:

3684 A RD  
LOXAHATCHEE, FL 33470 US

FEI Number: 65-0690777

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCOLL, M LYNN  
3684 A ROAD  
LOXAHATCHEE, FL 33470 US

## Name and Address of New Registered Agent:

MCCOLL, M. LYNN  
3684 A ROAD  
LOXAHATCHEE, FL 33470 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: M. LYNN MCCOLL

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MCCOLL, M LYNN  
Address: 3684 A ROAD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP ( ) Delete  
Name: CILCIUS, ALFRED A  
Address: 44 YACHT CLUB DRIVE  
City-St-Zip: N PALM BEACH, FL 33408

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MCCOLL, M. LYNN  
Address: 3684 A ROAD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: M. LYNN MCCOLL

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date