


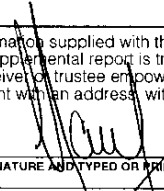
# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90054 010 \*\*\*150.00

<b>DOCUMENT # P97000061513</b> 1. Entity Name <b>SAVOIE ARCHITECTS, P.A.</b>																													
Principal Place of Business <b>6346 W. COUNTY HIGHWAY 30A</b> <b>SANTA ROSA BEACH, FL 32459 US</b>			Mailing Address <b>6346 W COUNTY HWY 30A</b> <b>SANTA ROSA BEACH, FL 32459 US</b>																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-3464173</b> Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1102007      Chg-P      CR2E034 (12/06)																									
6. Name and Address of Current Registered Agent  <b>PLEAT, DAVID B</b> <b>4497 LEGENDARY DRIVE</b> <b>SUITE 202</b> <b>DESTIN, FL 32541</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																										
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SAVOIE, MATTHEW C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6346 WEST COUNTY HWY 30A</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SANTA ROSA BEACH, FL 32459</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	SAVOIE, MATTHEW C		STREET ADDRESS	6346 WEST COUNTY HWY 30A		CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">V PLUNK, ANDREA J.</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>6346 WEST COUNTY HWY 30A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>SANTA ROSA BEACH, FL 32459</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	V PLUNK, ANDREA J.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	6346 WEST COUNTY HWY 30A		STREET ADDRESS	SANTA ROSA BEACH, FL 32459		CITY-ST-ZIP		
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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:**  1-15-2007      622-0057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #