


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000074091

1. Entity Name
ELIOPOULOS ARCHITECTURE, INC.



Principal Place of Business Mailing Address

205 GEORGE BUSH BLVD **205 GEORGE BUSH BLVD**
DELRAY BEACH, FL 33444 US **DELRAY BEACH, FL 33444 US**

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0785106 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ELIOPOULOS, GARY P
314 NW 7TH STREET
DELRAY BEACH, FL 33444

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

100000524141
 05/03/06-80098-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ELIOPOULOS, GARY P
STREET ADDRESS	314 NW 7TH STREET
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	VP
NAME	ELIOPOULOS, ALISON T
STREET ADDRESS	314 NW 7TH STREET
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: _____ **4/18/06** **561-276-6011**

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