2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000015870

1. Entity Name
ALISON SPEAR ARCHITECT, P.A.

Principal Place of Business	Mailing Address
3815 NE MIAMI CT MIAMI, FL 33137	3815 NE MIAMI CT MIAMI, FL 33137

DO NOT WRITE IN THIS SPACE

01172006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
74-2911011	Not Applicable

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

6. Name and Address of Current Registered Agent

SPEAR, ALISON
3815 NE MIAMI CT
MIAMI, FL 33137

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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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)

U00000406564
02/07/06-80092-021 150.00
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

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	SPEAR, ALISON L
STREET ADDRESS	2025 BRICKELL AVE #301
CITY-ST-ZIP	MIAMI, FL 33129

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   1/24/06   305 438-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #