2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 19, 2005
Secretary of State

DOCUMENT# P99000039668

Entity Name: BALFOORT FINNVOLD ARCHITECTURE, INC.

Current Principal Place of Business:

1948 E SUNRISE BLVD SUITE 2
FORT LAUDERDALE, FL 33304 US

New Principal Place of Business:

Current Mailing Address:

1948 E SUNRISE BLVD SUITE 2
FORT LAUDERDALE, FL 33304 US

New Mailing Address:

FEI Number: 65-0917183 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BALFOORT, MICHELLE G PRES
1504 SW 5 CT
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: BALFOORT, MICHELLE G
Address: 1504 SW 5 CT
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: FINNVOLD, ADRIANA A
Address: 1204 NE 4 AVE
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHELLE G. BALFOORT PRES 09/19/2005

Electronic Signature of Signing Officer or Director Date