

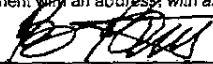


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # S19736			
1. Entity Name BENDER & ASSOCIATES ARCHITECTS, P.A.			
Principal Place of Business 410 ANGELA ST KEY WEST, FL 33040 US		Mailing Address 410 ANGELA ST KEY WEST, FL 33040 US	
DO NOT WRITE IN THIS SPACE			
		01122006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0233075	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENDER, BERT L. 410 ANGELA ST KEY WEST, FL 33040		DO NOT WRITE IN THIS SPACE	
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 re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		UN00000387038 01/19/06-80022-018 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD BENDER, BERT L 410 ANGELA ST KEY WEST, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP BENDER, NANCY G 619 ELIZABETH STREET KEY WEST, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ST READ, E N 1509 PATRICIA STREET KEY WEST, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		BERT BENDER 1.12.06 296.1349	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		PRESIDENT Date Daytime Phone #	