


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90201 032 ***150.00

DOCUMENT # S32534	
1. Entity Name ARCHITECTURAL DESIGNS, INC.	

Principal Place of Business 1320 E 8TH AVENUE SUITE ONE TAMPA FL 33605 US	Mailing Address 1320 E 8TH AVENUE SUITE ONE TAMPA FL 33605 US
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2. Principal Place of Business - No P.O. Box # 1320 E. 9th AVENUE	3. Mailing Address 1320 E. 9th AVENUE
Suite, Apt. #, etc. SUITE ONE	Suite, Apt. #, etc. SUITE ONE
City & State TAMPA, FL	City & State TAMPA, FL
Zip 33605	Country U.S.

1st MOORE CR2E034 (10/06)

4. FEI Number 59-3059726	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KROGER, KENNETH P. 1320 E 8TH AVENUE SUITE ONE TAMPA FL 33605	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD KROGER, KENNETH P. 1320 E 8TH AVENUE, SUITE ONE TAMPA FL 33605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	4.10.07 813.247.1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #