


**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90043 026 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

DOCUMENT # 858184					
1. Entity Name OZELL STANKUS ASSOCIATES ARCHITECTS, INC.					
Principal Place of Business 615 PEACHTREE ST SUITE 900 ATLANTA, GA 30308 US		Mailing Address 615 PEACHTREE ST SUITE 900 ATLANTA, GA 30308 US			
2. Principal Place of Business 730 Peachtree St NE Suite, Apt. #, etc. Suite 500 City & State Atlanta, GA Zip 30308 Country USA		3. Mailing Address 730 Peachtree St. NE Suite, Apt. #, etc. Suite 500 City & State Atlanta, GA Zip 30308 Country USA			
				01042006 Chg-P CR2E034 (11/05)	
				4. FEI Number 58-1481905	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OZELL, ALAN M P.E. 2446 LA MESA DRIVE JACKSONVILLE, FL 32217			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		<i>Alan M Ozell</i>		2/10/2006	
		<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>DATE</small>	
				<small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OZELL, PHILLIP D		NAME		
STREET ADDRESS	1930 WINDHAM PARK NE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30324		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STANKUS, ROMAN		NAME		
STREET ADDRESS	973 CLIFTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30307		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:		<i>Phillip D Ozell</i>		1/04/06 404.814.7460	
		<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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