2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000048146

City-St-Zip:

ROCKY RIVER, OH 44116

Entity Name: MBI/K2M ARCHITECTURE. INC

FILED Jan 02, 2008 Secretary of State

Entity Nai	me: NIBI/K∠IVI	ARCHITECTURE, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
1001 WHITEHEAD ST KEY WEST, FL 33040			1001 WHITEHEAD ST SUITE #101 KEY WEST, FL 33040			
Current Mailing Address:				New Mailing Address:		
1001 WHITEHEAD ST KEY WEST, FL 33040				1001 WHITEHEAD ST SUITE #101 KEY WEST, FL 33040		
FEI Number:	: 65-1246327	FEI Number Applied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
INGRAM, MICHAEL B 1001 WHITEHEAD STREET KEY WEST, FL 33040 US				INGRAM, MICHAEL B 1001 WHITEHEAD STREET SUITE #101 KEY WEST, FL 33040 US		
	named entity e of Florida.	submits this statement for the p	ourpose of	f changing its registered	office or registered agent, or both,	
SIGNATURE:				01/02/2008		
Electronic Signature of Registered Agent				Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD (INGRAM, MICH 1001 WHITEH KEY WEST, FI	EAD STREET		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPST (MALONEY, SC 2694 GIBSON ROCKY RIVER			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	DIR (MALONEY, SC 2694 GIBSON			Title: Name: Address:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: MICHAEL B. INGRAM PD 01/02/2008