



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 123167		2. Name of Corporation Epoch Design Group Inc	
3. Street Address Principal Business Office 1155 Olivette Executive Parkway Suite 100		City Olivette	State Missouri
4. Business Phone No. 314-721-1340		5. State of Incorporation Missouri	6. SIC Code 7682
7. Brief Description of the Character of Business Conducted in Rhode Island Architectural Services			

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Roch Von Dras			Vice President Name David R. Glover		
Street Address #2 Wilson Manor Court			Street Address 35 Hollandbush Court		
City Chesterfield	State MO	Zip 63005	City St. Charles	State MO	Zip 63304
Secretary Name David R. Glover			Treasurer Name David R. Glover		
Street Address 35 Hollandbush Court			Street Address 35 Hollandbush Court		
City St. Charles	State MO	Zip 63304	City St. Charles	State MO	Zip 63304

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Roch Von Dras			Director Name David R. Glover		
Street Address #2 Wilson Manor Court			Street Address 35 Hollandbush Court		
City Chesterfield	State MO	Zip 63005	City St. Charles	State MO	Zip 63304
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
30,000	A	.20	20,000	A	.20

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 2 3 1 6 7

File Date 9/15/05
Check No. 6871
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 9/9/05
Signature of Officer Date
David R. Glover
Print or Type Name of Officer
Vice President
Title of Officer



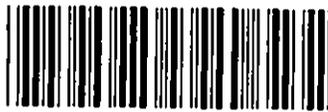
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 123167		2. Name of Corporation Epoch Design Group, Inc.		
3. Street Address Principal Business Office 1155 Olivette Exec. Pkwy. #100		City St. Louis	State MO	Zip 63132
4. Business Phone No. 314-721-1340		5. State of Incorporation MISSOURI		6. SIC Code
7. Brief Description of the Character of the Business Conducted in Rhode Island PRACTICE ARCHITECTURE				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Roch Von Dras		Vice President Name none		
Street Address #2 Wilson Manor Ct.		Street Address		
City Chestertfield	State MO	Zip 63005	City	State
Secretary Name David Glover		Treasurer Name none		
Street Address 35 Hollandbush Ct.		Street Address		
City St. Charles	State MO	Zip 63005	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Roch Von Dras		Director Name none		
Street Address Same as above		Street Address		
City	State	Zip	City	State
Director Name David Glover		Director Name none		
Street Address Same as above		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
30,000	COMM	\$0.20 PAR VALUE	20,000	
				\$0.20

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 3 1 6 7 *

File Date **RECEIVED**

Check No. **JAN 20 2004**

By: **BY [Signature] 5731**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: **[Signature]** Date: **1/15/04**

Print or Type Name of Officer: **Roch Von Dras**

Title of Officer: **President**

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 123167 2. Name of Corporation Epoch Design Group, Inc.
3. Street Address Principal Business Office 7803 A Clayton Rd. City St. Louis State MO Zip 63117
4. Business Phone No. 314-721-0313 40 5. State of Incorporation MISSOURI 6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island ARCHITECTURE

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>Roch Vondras</u>	Vice President Name <u>none</u>
Street Address <u>#2 Wilson Manor Ct.</u>	Street Address
City <u>Chesterfield</u> State <u>MO</u> Zip <u>63005</u>	City State Zip
Secretary Name <u>Dave Glover</u>	Treasurer Name <u>none</u>
Street Address <u>35 Hollandbush Ct.</u>	Street Address
City <u>St. Charles</u> State <u>MO</u> Zip <u>63304</u>	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <u>Roch Vondras</u>	Director Name <u>none</u>
Street Address <u>#2 Wilson Manor Ct.</u>	Street Address
City <u>Chesterfield</u> State <u>MO</u> Zip <u>63005</u>	City State Zip
Director Name <u>Dave Glover</u>	Director Name <u>none</u>
Street Address <u>35 Hollandbush Ct.</u>	Street Address
City <u>St. Charles</u> State <u>MO</u> Zip <u>63304</u>	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
30,000	COMM	\$0.20	20,000		\$0.20

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 3 1 6 7 *

File Date: 2/20/03
Check No.: 5068
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/17/03
Signature of Officer Date
Dave Glover
Print or Type Name of Officer
Secretary
Title of Officer