

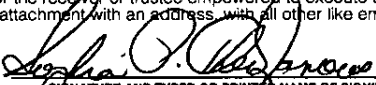


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90255 034 ****61.25

DOCUMENT # N93000001832					
1. Entity Name ENOSIS, INC.					
Principal Place of Business 441 N HARBOR CITY BLVD APT C13 MELBOURNE, FL 32935 US			Mailing Address 441 N HARBOR CITY BLVD APT C13 MELBOURNE, FL 32935 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3181322				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			7. Name and Address of New Registered Agent		
THEOFANOUS, SOPHIA P 441 N HARBOR CITY BLVD APT C13 MELBOURNE, FL 32935			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 _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP THEOFANOUS, SOPHIA P 441 N HARBOR CITY BLVD, APT C13 MELBOURNE, FL 32935 <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	DV BERGES, WILLIAM <input checked="" type="checkbox"/> Delete 250 S SYKES CREEK PARKWAY APT 5108 MERRITT ISLAND, FL 32952		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Gus Philips <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 925 Highway A1A #404 Satellite Beach, FL 32937	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT PAPPAS, PETER <input type="checkbox"/> Delete 449 RIVERVIEW LANE MELBOURNE BEACH, FL 32951		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS PAVLAKOS, MARY <input type="checkbox"/> Delete 813 OAKWOOD DRIVE MELBOURNE, FL 32940		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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:  Sophia P. Theofanous			Date: <u>20 April 2004</u> Home: <u>321-752-5252</u> Daytime Phone: <u>321-729-2166</u>		