

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000051109

FILED  
Apr 18, 2009  
Secretary of State

Entity Name: ALEX-PARAS NEEDLE ART, INC.

**Current Principal Place of Business:**

2107 CENTRAL AVE  
SAINT PETERSBURG, FL 33713

**New Principal Place of Business:**

**Current Mailing Address:**

6650 SUNSET WAY, #515  
ST. PETE BEACH, FL 33706

**New Mailing Address:**

42 GRISWOLD LANE  
AMSTON, CT 06231

FEI Number: 59-3732382      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GEORGES, RICHARD M  
3656 FIRST AVE. N.  
ST. PETERSBURG, FL 33713      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: KATSARAKES, KONDYLO  
Address: 6650 SUNSET WAY, #515  
City-St-Zip: ST. PETE BEACH, FL 33706

Title: DS ( ) Delete  
Name: SINGLETON, SUSAN CARL-  
Address: 6650 SUNSET WAY, #515  
City-St-Zip: ST. PETE BEACH, FL 33706

Title: DT ( ) Delete  
Name: KATSARAKES, GEORGE S  
Address: 6650 SUNSET WAY, #515  
City-St-Zip: ST. PETE BEACH, FL 33706

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: KATSARAKES, KONDYLO  
Address: 42 GRISWOLD LANE  
City-St-Zip: AMSTON, CT 06231

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: KATSARAKES, GEORGE S  
Address: 42 GRISWOLD LANE  
City-St-Zip: AMSTON, CT 06231

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.

SIGNATURE: KONDYLO KATSARAKES

DP

04/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date