
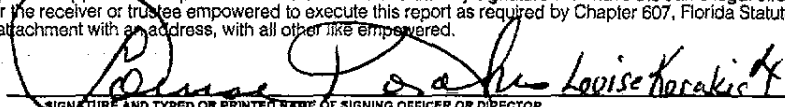


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # 467510 1. Entity Name HELLENIC SHIP SUPPLY, INC.		
Principal Place of Business 1016 CHANNELSIDE DRIVE PO BOX 5192 TAMPA, FL 33602-3637 US		Mailing Address 1016 CHANNELSIDE DRIVE PO BOX 5192 TAMPA, FL 33602-3637 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KORAKIS, LOUISE 98 MARTINIQUE AVE TAMPA, FL 33606		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000511580~M 04/29/06 00053 023 150.00~M
TITLE	D	
NAME	KORAKIS, ALEXANDROS	
STREET ADDRESS	98 MARTINIQUE AVE	
CITY-ST-ZIP	TAMPA, FL	
TITLE	PD	
NAME	KORAKIS, LOUISE	
STREET ADDRESS	98 MARTINIQUE AVE	
CITY-ST-ZIP	TAMPA, FL	
TITLE	VPD	
NAME	ALEXANDER KORAKIS	
STREET ADDRESS	3914 W INMAN DR	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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:  LOUISE KORAKIS 4/11/06 813-229-1507 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		