

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H09941

FILED  
Mar 26, 2011  
Secretary of State

**Entity Name:** ANASTASIA CONFECTIONS, INC.

**Current Principal Place of Business:**

1815 CYPRESS LAKE DRIVE  
ORLANDO, FL 32837 US

**New Principal Place of Business:**

**Current Mailing Address:**

1815 CYPRESS LAKE DRIVE  
ORLANDO, FL 32837 US

**New Mailing Address:**

**FEI Number:** 59-2422497

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONSTANTINE, MIKE M DP  
1815 CYPRESS LAKE DRIVE  
ORLANDO, FL 32837 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CONSTANTINE, MIKE M DP  
Address: 1815 CYPRESS LAKE DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: VP  
Name: CONSTANTINE, ANASTASIA VP  
Address: 1815 CYPRESS LAKE DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: T  
Name: CONSTANTINE, DIMITRI M T  
Address: 1815 CYPRESS LAKE DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: S  
Name: CONSTANTINE, KATRINA V S  
Address: 1815 CYPRESS LAKE DRIVE  
City-St-Zip: ORLANDO, FL 32837

I hereby 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 all other like empowered.

SIGNATURE: MIKE CONSTANTINE

DP

03/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date