

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J53502

FILED
Apr 23, 2009
Secretary of State

Entity Name: MANOLIS PAINTERS, INC.

Current Principal Place of Business:

2908 47TH AVENUE SOUTH
WEST PALM BEACH, FL 33415

New Principal Place of Business:

2685 STARWOOD CDT
WEST PALM BEACH, FL 33406

Current Mailing Address:

2908 47TH AVENUE SOUTH
WEST PALM BEACH, FL 33415

New Mailing Address:

FEI Number: 59-2751379 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANOLIS, VASILIOS
2908 47TH AVENUE SOUTH
WEST PALM BEACH, FL 33415 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: D () Delete
Name: MANOLIS, VASILIOS
Address: 2908 47TH AVE S
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D () Delete
Name: MANOLIS, JOHN
Address: 2685 STARWOOD CDT
City-St-Zip: WEST PALM BEACH, FL 33406

Title: T () Delete
Name: MANOLIS, HARISIS
Address: 2908 47TH AVE S
City-St-Zip: WEST PALM BEACH, FL 33415

Title: S () Delete
Name: MANOLIS, NICHOLAS
Address: 2908 47TH AVE S
City-St-Zip: WEST PALM BEACH, FL 33415

Title: DA () Delete
Name: MANOLIS, NICHOLAS
Address: 2685 STARWOOD CT.
City-St-Zip: WEST PALM BEACH, FL 33406

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: S () Change (X) Addition
Name: MANOLIS, CHRISTINA
Address: 2685 STARWOOD CT.
City-St-Zip: WEST PALM BEACH, FL 33406

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: VASILIOS MANOLIS

D

04/23/2009

Electronic Signature of Signing Officer or Director

Date