## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M74441

Entity Name: GYROS KING & SUPER SUB, INC.

FILED Apr 30, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

2671 US ALT 19 N 764 SAMANTHA DRIVE PALM HARBOR, FL 34683 PALM HARBOR, FL 34683

Current Mailing Address: New Mailing Address:

2671 US ALT 19 N 764 SAMANTHA DRIVE PALM HARBOR, FL 34683 PALM HARBOR, FL 34683

FEI Number: 59-2877104 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MALISSOVAS, HRISTOS
2671 ALT 19 NORTH
PALM HARBOR, FL 34683 US

MALISSOVAS, HRISTOS
764 SAMANTHA DRIVE
PALM HARBOR, FL 34683 US

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: 04/30/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

PRES ( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 MALISSOVAS, HRISTOS
 Name:
 MALISSOVAS, HRISTOS

 Address:
 2671 ALT 19 NORTH
 Address:
 764 SAMANTHA DRIVE

 City-St-Zip:
 PALM HARBOR, FL 34683
 City-St-Zip:
 PALM HARBOR, FL 34683

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: MALISSOVAS, JOANNE Name: MALISSOVAS, JOANNE

Address: 2671 ALT 19 NORTH Address: 764 SAMANTHA DRIVE
City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: PALM HARBOR, FL 34683

Title: SEC ( ) Delete Title: SEC (X) Change ( ) Addition

 Name:
 MALISSOVAS, JOANNE
 Name:
 MALISSOVAS, JOANNE

 Address:
 2671 ALT 19 NORTH
 Address:
 764 SAMANTHA DRIVE

 City-St-Zip:
 PALM HARBOR, FL 34683
 City-St-Zip:
 PALM HARBOR, FL 34683

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: HRISTOS MALISSOVAS MGRM 04/30/2007