
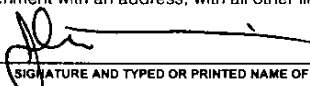


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2007 8:00 am
Secretary of State

06-06-2007 90069 016 ****61.25

| | | | | | |
|---|---|--|--|---|--|
| DOCUMENT # N00000007855 | | | |  | |
| 1. Entity Name AHEPA 410, INC. | | | | | |
| Principal Place of Business 1930 BOTREE COURT DAYTONA BEACH, FL 32124 | | | Mailing Address 1930 BOTREE COURT DAYTONA BEACH, FL 32124 | | |
| 2. Principal Place of Business - No P.O. Box # 575 N. Williamson Blvd | | 3. Mailing Address 575 N. Williamson Blvd | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Daytona Beach, FL | | City & State Daytona Beach, FL | | 4. FEI Number 59-3699587 | |
| Zip 32114 | | Country | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent PHOTIADES, STEVE 1930 BOTREE COURT DAYTONA BEACH, FL 32124 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code | | |
| 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) DATE</small> | | | | | |
| Filing Fee Is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE PD | NAME PHOTIADES, STEVE <input type="checkbox"/> Delete | | TITLE | NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 1930 BOTREE COURT | CITY-ST-ZIP DAYTONA BEACH, FL 32124 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE SD | NAME LASKOS, GUS <input type="checkbox"/> Delete | | TITLE | NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 21 KANNAPOLIS PLACE | CITY-ST-ZIP PALM COAST, FL 32164 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE TD | NAME CONDORODIS, JOHN <input type="checkbox"/> Delete | | TITLE | NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 4 POPLAR CT | CITY-ST-ZIP ORMOND BEACH, FL 32174 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE D | NAME STRATIS, TOM <input type="checkbox"/> Delete | | TITLE | NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 1326 SHANGRI-LA DRIVE | CITY-ST-ZIP DAYTONA BEACH, FL 32119 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE D | NAME FUNDOKOS, THEODORE <input type="checkbox"/> Delete | | TITLE | NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 1001 FAULKNER STREET | CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME <input type="checkbox"/> Delete | | TITLE | NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | CITY-ST-ZIP | | 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 617, 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:  | | | John Condorodis | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date 2-27-2007 | | |
| Daytime Phone # 386/676-7335 | | | Daytime Phone # | | |