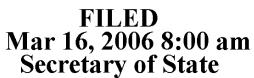
2006 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P00000039385 1. Entity Name EGG PLATTER III, INC.							03-16-2006 90	•		
Principal Place of Business Mailing Address										
8870 ULMERTON RD LARGO, FL 33773			8870 ULMERTON RD Largo, FL 33773				Bu svir sam sam sam	: 2010 1 1610 1070	nirah indirki dini	18 El 11 18 Bt
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02122006	Chg-P	CR2E034	(11/05)	
City & State			City & State			4. FEI Number 59-3670				plied For t Applicable
Zìp	Country		Zip	Coun	try	5. Certificate o	f Status Desired		8.75 Add e Required	
	6. Name and Address o	7. Name and Address of New Registered Agent Name								
VASILIADIS, JOHN 8870 ULMERTON RD					Street Address (P.O. Box Number is Not Acceptable)					
LARGO, FL 33771										
					City	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10. OFFICERS AND DIREC			ECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	DPTS		☐ Delete	TITL	E			[Change	Addition
name Street address	VASILIADIS, JOHN 4426 GANDY BLVD.			NAM	E ET ADDRESS					
CITY-ST-ZIP	TAMPA, FL 33611				-ST-ZIP					
TITLE	D VASILIADIS, HELEN		☐ Delete	TITL NAM				[_ Change	☐ Addition
NAME STREET ADDRESS	·				EET ADDRESS					
CITY-ST-ZIP	LARGO, FL 33771	-ST-ZIP								
TITLE			☐ Delete	TITL	E			[Change	Addition
NAME				NAM						
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					ļ
TITLE			Delete	TITL	E .			[Change	Addition
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TITLE			Delete	TITU				ſ	Change	☐ Addition
NAME			CT Detets	NAM				•		
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CITY-\$T-ZIP				CITY	-ST-ZIP				_	
TITLE NAME			☐ Delete	TITU				ĺ	Change	☐ Addition
STREET ADDRESS					EET ADDRESS					į
CITY-ST-ZIP					-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 trusted employeered 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 articles, with all other like empowered.										