2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 16, 2005 08:00 AM Secretary of State DOCUMENT # P01000020662 -THANASIS CORPORATION Principal Place of Business Mailing Address **519 ROUNDTREE DRIVE 519 ROUNDTREE DRIVE** LONGBOAT KEY, FL LONGBOAT KEY, FL CR2E034 (10/03) 05092005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1085507 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CHARLES H. BALL, PA DO NOT WRITE 1444 FIRST STREET SARASOTA, FL 34236 IN THIS SPACE 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. (NOTE Registered Agent argnature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$550.00 9. Election Campaion Financino Trust Fund Contribution. Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME LAGOPOULOS, ATHANASIOS STREET ADDRESS 519 ROUNDTREE DRIVE GITY-ST-ZIP LONGBOAT KEY, FL - HAMUQQ3<u>5</u>6952 TITLE 05/16/05-80013-025 550.00 LAGOPOULOS, CHRISTINE NAME STREET ADDRESS 519 ROUNDTREE DRIVE CITY-ST-ZIP LONGBOAT KEY, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 cath, 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAGGROUGE SIGNATURE AND TYPED O TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED