2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P01000020662

THANASIS CORPORATION

Principal Place of Business

519 ROUNDTREE DRIVE LONGBOAT KEY, FL

Mailing Address

519 ROUNDTREE DRIVE LONGBOAT KEY, FL.

FILED Mar 15, 2007 08:00 AM **Secretary of State**



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02172007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1085507

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHARLES H. BALL, PA 1444 FIRST STREET SARASOTA, FL 34236

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

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	ions of registered agent.	, onlinging to registered embed in registered again, or as	,
SIGNATURE_			
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE

8. The above pamed 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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAGOPOULOS, ATHANASIOS 519 ROUNDTREE DRIVE LONGBOAT KEY, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LAGOPOULOS, CHRISTINE 519 ROUNDTREE DRIVE LONGBOAT KEY, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:-