

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000080268

1. Entity Name
 KAKUSHA PROPERTIES, INC.



Principal Place of Business Mailing Address

491 RIVERSIDE DR 623 E TARPON AVE
 TARPON SPRINGS, FL 34689 US TARPON SPRINGS, FL 34689 US

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3736722 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOUSKOUTIS, N. MICHAEL ESQUIRE
 623 E TARPON AVE
 TARPON SPRINGS, FL 34689

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

00000781424
 01/15/08-80034-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KAPPAS, DENNIS
STREET ADDRESS	491 RIVERSIDE DR
CITY - ST - ZIP	TARPON SPRINGS, FL 34689
TITLE	D
NAME	KOUSKOUTIS, N MICHAEL
STREET ADDRESS	PO BOX 1058
CITY - ST - ZIP	TARPON SPRINGS, FL 34688
TITLE	D
NAME	MARGEAS, JOHN
STREET ADDRESS	736 ISLAND WAY UNIT 506
CITY - ST - ZIP	CLEARWATER, FL 33767
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: *Dennis Kappas* DENNIS KAPPAS 492-1392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Director's Office #