2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000091746

1. Entity Name

DJN KALIMNIOS DEVELOPMENT, INC.



FILED
Jan 16, 2008 08:00 AN
Secretary of State

Principal Place of Business 2649 SPRUCE CREEK BLVD PORT ORANGE, FL 32128 Mailing Address

2649 SPRUCE CREEK BLVD PORT ORANGE, FL 32128



DO NOT WRITE IN THIS SPACE

01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 81-0561648 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KALIMNIOS, DENISE 2649 SPRUCE CREEK BLVD PORT ORANGE, FL 32128

DO NOT WRITE IN THIS SPACE

			IN THIS SPACE			
	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	of applicable (NOTE: Registered	1 Agent signature	required when reinstating)	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				
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KALIMNIOS, JOHN 2649 SPRUCE CREEK BLVD PORT ORANGE, FL 32128				- Itanopananana	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	VT KALIMNIOS, DENISE 2649 SPRUCE CREEL BLVD PORT ORANGE, FL 32128				U00000785756 01/17/08-80014-001.150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,	
TITLE						

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:

NAME STREET ADDRESS CITY-ST-ZIP

Denese Kalemnios

1-16-08

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Daytime Phone #