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May 05, 2006 8:00 am
Secretary of State
05-05-2006 90184 025 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000082878

1. Entity Name
BOUCHLAS ENTERPRISES, INC.

04042006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
1650 ARABIAN LANE PALM HARBOR, FL 34685	1650 ARABIAN LANE PALM HARBOR, FL 34685

2. Principal Place of Business	3. Mailing Address
2003 Harbour Watch Cir	2003 Harbour Watch Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tarpon Springs, FL	City & State: Tarpon Springs, FL
Zip: 34689 Country	Zip: 34689 Country

4. FEI Number 20-1106632 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOUCHLAS, CONSTANTINE G DR 1650 ARABIAN LANE PALM HARBOR, FL 34685	Name: Bouchlas Constantine G. Street Address (P.O. Box Number is Not Acceptable): 2003 Harbour Watch Cir City: Tarpon Springs FL Zip Code: 34689

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] 4-14-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BOUCHLAS, CONSTANTINE G DR 1650 ARABIAN LANE PALM HARBOR, FL 34685	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Bouchlas, Constantine G. 2003 Harbour Watch Cir Tarpon Springs, FL 34689	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 4-14-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #