2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000084856

1. Entity Name GREEK ISLANDS CORP.



Principal Place of Business

Mailing Address

1501 CLEARWATER-LARGO ROAD LARGO, FL 33770

1501 CLEARWATER-LARGO ROAD LARGO, FL 33770

FILED Feb 12, 2007 08:00 AM Secretary of State



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 01052007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 20-1197849
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POULAKIS, JOHN 1501 CLEARWATER-LARGO ROAD LARGO, FL 33770

DO NOT WRITE IN THIS SPACE

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|--|--|---|--------------|---|--------------------------------|--|--|--|
| | named entity submits this statement for the plans of registered agent. | urpose of changing its reg | gistere | 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 if | applicable (NOTE Re | gistered | d Agent signature | roquired when reinstating) | DATE | | |
| FIL After Ma | E NOWI!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | 9. Election Campaign Trust Fund Contribu | | icing | \$5.00 May Be Added to Fees | | | |
| 10. | OFFICERS AND DIREC | TORS | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D POULAKIS, JOHN 1501 CLEARWATER-LARGO ROAD LARGO, FL 33770 | - | | U00000633043 02/21/07-80047-007 150.00 | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |

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 of gustee 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Director

Daytime Phone #

Date