2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

2

02-15-2006 90033 001 ***150.00

DOCUMENT # P05000030281

1. Entity Name
THE KONTAXIS GROUP, INC.

Principal Place of Business
2040 IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 34744

Mailing Address
2040 IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 34744

66008017

2. Principal Place of Business	3. Mailing Address
3501 W. VINE ST.	3501 W. VINE ST.
Suite, Apt. #, etc. STE 342	Suite, Apt. #, etc. STE. 342
City & State KISSIMMEE, FL	City & State KISSIMMEE FL
Zip 34741 Country USA	Zip 34741 Country USA

01132006 Chg-P CR2E034 (11/05)

4. FEI Number 16-1719364 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BINNS, RENEE ESQ
332 N MAGNOLIA AVE
ORLANDO, FL 32802

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	P KONTAXIS, DIMITRIOUS T 8 SARANTAPOROU ST AGIA PARASKEVI, ATHENS,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT KONTAXIS, GEORGE 2040 IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP KONTAXIS, GEORGE 3501 W. VINE ST STE. 342 KISSIMMEE, FL 34741	☒ 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
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

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: GEORGE KONTAXIS 01/23/06 407-908-3077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #