

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000050540

Entity Name: KALLITHEA ART STUDIO, INC.

FILED
Jan 24, 2008
Secretary of State

Current Principal Place of Business:

10508 TECOMA DRIVE
TRINITY, FL 34655

New Principal Place of Business:

509 VENETIAN VILLA DR.
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

10508 TECOMA DRIVE
TRINITY, FL 34655

New Mailing Address:

509 VENETIAN VILLA DR.
NEW SMYRNA BEACH, FL 32168

FEI Number: 23-3084010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIZZA, VASILIKI P
10508 TECOMA DRIVE
TRINITY, FL 34655 US

Name and Address of New Registered Agent:

PIZZA, VASILIKI P
509 VENETIAN VILLA DR.
NEW SMYRNA BEACH, FL 32168 US

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.

SIGNATURE: VASILIKI P PIZZA

01/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: PIZZA, VASILIKI P
Address: 10508 TECOMA DRIVE
City-St-Zip: TRINITY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: PIZZA, VASILIKI P
Address: 509 VENETIAN VILLA DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VASILIKI P PIZZA

OWNE

01/24/2008

Electronic Signature of Signing Officer or Director

Date