


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000136015
 1. Entity Name
CHRISANIS II, INC.



Principal Place of Business
343 BAHIA BLANCA DRIVE
PUNTA GORDA, FL 33983 US

Mailing Address
343 BAHIA BLANCA DRIVE
PUNTA GORDA, FL 33983 US

DO NOT WRITE IN THIS SPACE



01132008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3600990

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
PROKOS, ANDREW
343 BAHIA BLANCA DRIVE
PUNTA GORDA, FL 33983

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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: _____ (NOTE: Registered 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

U00000940403
 05/28/08-80065-018 150.00

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PROKOS, ANDREW 343 BAHIA BLANCA DRIVE PUNTA GORDA, FL 33983 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PROKOS, SARAH 343 BAHIA BLANCA DRIVE PUNTA GORDA, FL 33983 |
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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: Andrew Prokos **4/28/08** **941-743-0626**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #