2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000150648

Entity Name: ENOSIS DEVELOPMENT CORPORATION

FILED Apr 21, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

6611 US HWY 19 6611 US HWY 19

STE 507 STE 507

NEW PT RICHEY, FL 34652 NEW PORT RICHEY, FL 34652

Current Mailing Address: New Mailing Address:

6611 US HWY 19 6611 US HWY 19

STE 507 STE 507

NEW PT RICHEY, FL 34652 NEW PORT RICHEY, FL 34652

FEI Number: 20-3929674 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KALOGIANIS, CONSTANTINE KALOGIANIS, CONSTANTINE

6611 US HWY 19 6611 US HWY 19 STE 507 STE 507

NEW PT RICHEY, FL 34652 US NEW PORT RICHEY, FL 34652 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: CONSTANTINE KALOGIANIS 04/21/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete

 Name:
 KALOGIANIS, CONSTANTINE

 Address:
 6611 US HWY 19 - STE 507

 City-St-Zip:
 NEW PT RICHEY, FL 34652

 Title:
 D
 () Delete

 Name:
 FOUKAS, PAUL

 Address:
 10 LYNNBROOK RD

 City-St-Zip:
 LYNNFIELD, MA 01940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KALOGIANIS, CONSTANTINE
Address: 6611 US HWY 19 - STE 507
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CONSTANTINE KALOGIANIS D 04/21/2006