2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

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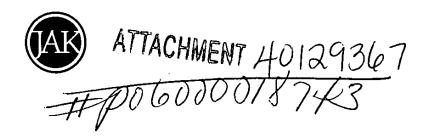
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE?

Aug 16, 2007 8:00 am Secretary of State DOCUMENT # P06000018743 08-16-2007 90015 034 ***150.00 1. Entity Name THYTA INC. Principal Place of Business Mailing Address ANTERRA. 19001 NW 2 AVE 19001 NW 2 AVE MIAMI GARDENS, FL 33169 MIAMI GARDENS, FL 33169 US 2./Principal Place of Business 7 No P.O. Box # 3. Mailing Address J Blud. PEMBAKE CINES, F. 1000 Halyus ATBIVA ComboteAnes, Suite, Apt. #, etc. Suite, Apt. #, etc 03072007 CR2E034 (12/06) Chg-P 4. FEI Number の4-3847678 City & State City & State Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIMOULEAS, PANAGIOTIS G Street Address (P.O. Box Number is Not Acceptable) 1470 NE 123 STREET **APT # 1016** NORTH MIAMI, FL 33181 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. (NOTE: Registered Agent signature required when reinstating) red agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ■ Addition ☐ Delete П Сћапое TITLE TITLE DIMOULEAS, PANAGIOTIS G NAME NAME 1470 NE 123 STREET APT # 1016 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL 33181 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS 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 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 attacpment with an address, with all other like empowered.

FILED

Daytime Phone #



May 30, 2007

Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

Re: THYTA, INC./Annual Report Filing

Dear Sir/Madam:

Enclosed please find our above-referenced client's executed Annual Report along with their check in the amount of \$150.00.

Our office had originally mailed the annual report to the client's previous address, and it, therefore, was returned to our address. We have enclosed a copy of this envelope which displays the March 30^{th} mailing.

Taking the above circumstance into consideration, we hope that this report will be accepted timely.

Thank you for your kind understanding of this clerical error.

AN U_

Most sincerely,

John A. Kasbar

JAK:jmk Encls

Cc: Thyta, Inc.



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