2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 16, 2007 8:00 am DOCUMENT # P06000075569 **Secretary of State** 1. Entity Name 03-16-2007 90028 012 \*\*\*158.75 GREEK BOYS PRODUCTIONS, INC. Principal Place of Business Mailing Address 29829 U.S. HIGHWAY 19 N. CLEARWATER FL 33761-1527 29829 U.S. HIGHWAY 19 N. CLEARWATER FL 33761-1527 2. Principal Place of Business - No P.O. Box # Mailing Address 29835 Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & Stato Applied For City & State 4. FEI Number clear Clear Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Skiadopoulos SKIADOPOULOS, NIKOLAOS Street Address (P.O. Box Number is Not Acceptable) 29829 U.S. HIGHWAY 19 N. **CLEARWATER FL 33761-1527** 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. the obligations of registored agent SIGNATURE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, TITLE HILE ☐ Delete ☐ Addition SKIADOPOULOS, NIKOLAOS NAME 29829 U.S. HIGHWAY 19 N. STREET ADDRESS STREET ADDRESS CLEARWATER FL 33761-1527 CITY-ST-ZIP CITY-ST-7IP 761 TITLE ☐ Delete THUE ■ Addition SKIADOPOULOS, HERCULES NAME NAME 2690 COUNTRYCLUB DRIVE STREET ADDRESS STREET ADDRESS CLEARWATER FL 33761 CITY-ST-ZiP CITY - ST- ZIP HILE ☐ Delete mir ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - S1 - ZIP Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST 7IP DIME Delete HILE: ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY+SI-7P TITLE mer Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, withyall other like empoyered. Nikolags

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