

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000084683

FILED
Feb 16, 2008
Secretary of State

Entity Name: ATLANTIS HOMES AND PROPERTIES INC.

Current Principal Place of Business:

4660 S. GATOR LOOP
HOMOSASSA, FL 34448 US

New Principal Place of Business:

Current Mailing Address:

4660 S. GATOR LOOP
HOMOSASSA, FL 34448 US

New Mailing Address:

FEI Number: 20-5139813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KYPRIANOU, CHRISTAKIS
4660 S. GATOR LOOP
HOMOSASSA, FL 34448 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KYPRIANOU, CHRISTAKIS
Address: 4660 S. GATOR LOOP
City-St-Zip: HOMOSASSA, FL 34448 US

Title: SCTY () Delete
Name: KYPRIANOU, KAROLEE
Address: 4660 S. GATOR LOOP
City-St-Zip: HOMOSASSA, FL 34448 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: KYPRIANOU, CHRISTAKIS
Address: 4660 S. GATOR LOOP
City-St-Zip: HOMOSASSA, FL 34448 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRISTAKIS KYPRIANOU

PRES

02/16/2008

Electronic Signature of Signing Officer or Director

Date