

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000068489			
1. Entity Name PERICLES INC.			
Principal Place of Business C/O ATLANTIA HOLDINGS 645 E DANIA BEACH BLVD DANIA BEACH, FL 33004		Mailing Address C/O ATLANTIA HOLDINGS 645 E DANIA BEACH BLVD DANIA BEACH, FL 33004	
DO NOT WRITE IN THIS SPACE			
		01052006 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0452328		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLACKBURN, ACE J JR COONEY, MATTSOON, LANCE, BLACKBURN, RICHARD 2312 WILTON DR. FORT LAUDERDALE, FL 33305		DO NOT WRITE IN THIS SPACE	
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div>U000000424504</div> <div>02/18/06-80051-015 150.00</div> DO NOT WRITE IN THIS SPACE	
TITLE PD NAME BLACKBURN, JR. A STREET ADDRESS 645 E. DANIA BEACH BLVD. CITY-ST-ZIP DANIA BEACH, FL 33004			
TITLE VSD NAME ECONOMOU, C STREET ADDRESS 645 E. DANIA BEACH BLVD. CITY-ST-ZIP DANIA BEACH, FL 33004			
TITLE D NAME WAGNER, J STREET ADDRESS 645 E. DANIA BEACH BLVD. CITY-ST-ZIP DANIA BEACH, FL 33004			
TITLE D NAME MORFIDIS, G STREET ADDRESS 645 E. DANIA BEACH BLVD. CITY-ST-ZIP DANIA BEACH, FL 33004			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME 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 attachment with an address with all other like empowered.			
SIGNATURE: 		Date 1-25-06 954-922-7771	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	