

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90034 012 \*\*\*150.00

<b>DOCUMENT # P94000056006</b> 1. Entity Name <b>PT. ALEXIS INVESTMENTS, INC.</b>			
Principal Place of Business <b>60 LANCE CT. OLDSMAR, FL 34677 US</b>		Mailing Address <b>60 LANCE CT. OLDSMAR, FL 34677 US</b>	
2. Principal Place of Business <b>2744 HAMBLE VILLAGE LN</b> Suite, Apt. #, etc.		3. Mailing Address <b>2744 HAMBLE VILLAGE LN</b> Suite, Apt. #, etc.	
City & State <b>PALM HARBOR FL</b> Zip <b>34687</b> Country		City & State <b>PALM HARBOR FL</b> Zip <b>34687</b> Country	
4. FEI Number <b>59-3262337</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KOUFAS, THEO 60 LANCE CT. OLDSMAR, FL 34677</b>		7. Name and Address of New Registered Agent Name <b>THEO KOUFAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>2744 HAMBLE VILLAGE LN</b> City <b>PALM HARBOR</b> <b>FL</b> Zip <b>34687</b>	
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: <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when renewing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>KOUFAS, THEO 60 LANCE CT. 2744 HAMBLE VILLAGE LN OLDSMAR, FL 34667 PALM HARBOR, FL 34687</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete <b>MARKIS, COSTAS MARKIS, COSTAS 2110 DREW ST CLEARWATER, FL 33765</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>THEO KOUFAS PRESIDENT</b> <small>Date Daytime Phone #</small>	