2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 25, 2007 08:00 AM **DOCUMENT # P95000046950 Secretary of State** 1. Entity Name MANUEL N. LINDIAKOS, P.A. Principal Place of Business Mailing Address 222 E. TARPON AVENUE 222 E. TARPON AVENUE TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689 04202007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3318942 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent LINDIAKOS, MANUEL N DO NOT WRITE 222 E. TARPON AVENUE TARPON SPRINGS, FL 34689 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE LINDIAKOS, MANUEL N 222 E. TARPON AVENUE STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34689 U00000723502 NAME STREET ADDRESS 05/08/07-80043-005 150.mn CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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:

TITLE

STREET ADDRESS CITY+ST-ZIP

IGNATURE AND TYPED OR PRIVED HAME OF BIGNING OFFICER OR DIRECTOR

4-23-57

727-938-243

FILED