2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

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DOCUMENT # F	P95000054769	
1, Entity Name MIHALIS, INC.		

Principal Place of Business

557 DODECANESE BLVD TARPON SPRINGS, FL 34689 US Mailing Address

557 DODECANESE BLVD TARPON SPRINGS, FL 34689

US



	DO	NOT	WRIT	EIN	THIS	SPACE
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01212007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

5. Certificate of Status Desired

59-3329102

\$8.75 Additional

Not Applicable

6. Name and Address of Current Registered Agent

TSOMBANIDIS, MICHAEL A 557 DODECANESE BLVD TARPON SPRINGS, FL 34689

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the obligations of registered agent.	
SIGNATURE Specific contact came of repatered group and title (applicable INOTE Replatered Applications required when reinstation) DATE	
Signature, typed or printed name of regretered agent and title if applicable (NOTE, Registered Agent alignature required when reinstating) DATE	

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TSOMBANIDIS, MICHAEL A 557 DODECANESE BLVD TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
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TITLE NAME STREET ADDRESS CITY+ST-ZIP	

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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 of trustee impowered to execute this report as acquired 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: 2

CONTROL AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/07

Daytime Phone #