


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90036 007 \*\*\*150.00

<b>DOCUMENT # P95000063816</b>	
1. Entity Name <b>MUNICIPAL INVESTORS, INC.</b>	

Principal Place of Business <b>122 KENSINGTON WAY WELLINGTON, FL 33414 US</b>	Mailing Address <b>122 KENSINGTON WAY WELLINGTON, FL 33414 US</b>
--	--

2. Principal Place of Business - No P.O. Box # <b>7501 Via Luria</b>	3. Mailing Address <b>7501 Via Luria</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Lake Worth FL</b>	City & State <b>Lake Worth FL</b>
Zip <b>33467</b>	Zip <b>33467</b>
Country <b>Palm Bch</b>	Country <b>Palm Bch</b>

6. Name and Address of Current Registered Agent <b>PAPAS, NICK 122 KENSINGTON WAY WELLINGTON, FL 33414</b>	
7. Name and Address of New Registered Agent Name <b>Nikolaos Papas</b> Street Address (P.O. Box Number is Not Acceptable) <b>7501 Via Luria</b> City <b>Lake Worth</b> FL Zip Code <b>33467</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 <b>Nick Papas Nikolaos Papas</b>	DATE <b>4-29-07</b>
Signature (typed or printed name of registered agent and title if applicable) (If (10) Registered Agent signature required when registering)	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PRES PAPAS, NICK 122 KENSINGTON WAY WELLINGTON, FL 33414</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>Pres Nikolaos Papas 7501 Via Luria Lake Worth, FL 33467</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>T PAPAS, CHRISTINA 122 KENSINGTON WAY WELLINGTON, FL 33414</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>7501 Via Luria Lake Worth, FL 33467</b> <input checked="" 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
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
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
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: <b>Nick Papas Nikolaos Papas</b>	DATE <b>4-29-07</b> 561-966-5881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	