


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # P98000063443 1. Entity Name PROUD HELLENIC DESCENDANTS, INC.	
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Principal Place of Business P.O. BOX 1626 TARPON SPRINGS, FL 34688	Mailing Address P.O. BOX 1626 TARPON SPRINGS, FL 34688
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DO NOT WRITE IN THIS SPACE



04292006 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	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 KOULIANOS, JOHN M 1020 PENINSULA AVE. TARPON SPRINGS, FL 34689

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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 <u>KOULIANOS JOHN M.</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PANTELLIS, MARIA 1298 HILLSIDE DR. TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PANTELLIS, JOHN N 104 HILLCREST DR SAFETY HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PANTELLIS, EMMANUEL 1298 HILLSIDE DRIVE TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAROUKOS, ANGELINA 1288 HILLSIDE DR TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000554334 05/15/06-80088-019 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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 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: <u>Maria Pantellis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>05/29/06</u> (727) 934-3661 <small>Telephone #</small>