## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000063443

Entity Name: PROUD HELLENIC DESCENDANTS, INC.

FILED May 05, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
	SIDE DRIVE SPRINGS, FL 34689		
Current M	Iailing Address:  1626 SPRINGS, FL 34688  : FEI Number Applied For ( )  I Address of Current Registered Agent:  DS, JOHN M INSULA AVE. SPRINGS, FL 34689 US  I named entity submits this statement for the e of Florida.  RE:  Electronic Signature of Registered Agent Financing Trust Fund Contribution ( ).  S AND DIRECTORS:  P ( ) Delete PANTELLIS, MARIA 1298 HILLSIDE DR. TARPON SPRINGS, FL  VP ( ) Delete PANTELLIS, JOHN N 104 HILLCREST DR SAFETY HARBOR, FL  T ( ) Delete PANTELLIS, EMMANUEL 1298 HILLSIDE DRIVE TARPON SPRINGS, FL  S ( ) Delete SAROUKOS, ANGELINA 1288 HILLSIDE DR  C ( ) Delete SAROUKOS, ANGELINA 1288 HILLSIDE DR	New Mailing Address:	
P.O. BOX TARPON :	1626 SPRINGS, FL 34688		
FEI Number	: FEI Number Applied Fo	r ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )	
Name and	I Address of Current Registered Ag	ent: Name and Address of New Registered Agent:	
1020 PEN	OS, JOHN M INSULA AVE. SPRINGS, FL 34689 US		
	e named entity submits this statement t e of Florida.	for the purpose of changing its registered office or registered agent, or both,	
SIGNATUI	RE:		
	Electronic Signature of Registe	red Agent Date	
		·	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PANTELLIS, MARIA 1298 HILLSIDE DR.	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	PANTELLIS, JOHN N 104 HILLCREST DR	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	PANTELLIS, EMMANUEL 1298 HILLSIDE DRIVE	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	SAROUKOS, ANGELINA	Title: ( ) Change ( ) Addition Name: Address: Citys St-Zin:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA PANTELIS P 05/05/2008