
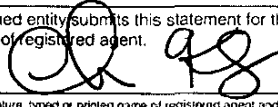
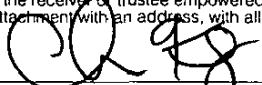


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90019 033 \*\*\*150.00

<b>DOCUMENT # P99000029122</b> 1. Entity Name <b>KANISTRAS ENTERPRISES, INC.</b>					
Principal Place of Business <b>605 EAST CHAPMAN RD OVIEDO, FL 32765</b>			Mailing Address <b>605 EAST CHAPMAN RD OVIEDO, FL 32765</b>		
2. Principal Place of Business - No P.O. Box # <b>10 Tarpon Circle</b> Suite, Apt. #, etc.		3. Mailing Address <b>10 TARPON CIRCLE</b> Suite, Apt. #, etc.			
City, & State <b>Winter Springs, FL</b>		City, & State <b>Winter Springs, FL</b>		4. FEI Number <b>59-3574007</b>	
Zip <b>32708</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KANISTRAS, GEORGE 605 E CHAPMAN RD OVIEDO, FL 32765</b>			7. Name and Address of New Registered Agent Name <b>CHRIS Kanistras</b> Street Address (P.O. Box Number is Not Acceptable) <b>10 TARPON CIRCLE</b> City <b>WINTER SPRINGS</b> <b>FL</b> Zip Code <b>32708</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>CHRIS KANISTRAS</b> DATE <b>1/30/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<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 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KANISTRAS, GEORGE 605 CHAPMAN RD OVIEDO, FL 32765</b> <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	<b>D CHRIS Kanistras 10 Tarpon Circle Winter Springs, FL 32708</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TODD KANISTRAS 6563 Lake Cham Cir OVIEDO, FL 32765</b> <input type="checkbox"/> Change <input checked="" 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: 			Date <b>1/30/07</b> Daytime Phone # <b>407-365-4923</b>		