

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # S05938 1. Entity Name KRINIS, INC.	
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Principal Place of Business 1130 N. TAMiami TRAIL NORTH FT MYERS, FL 33903	Mailing Address 1130 N. TAMiami TRAIL NORTH FT MYERS, FL 33903
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DO NOT WRITE IN THIS SPACE

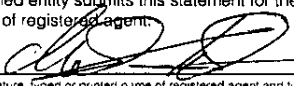


07032006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0222937	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TSOVOLOS, CHRIS 27130 DEER CREEK BLVD PUNTA GORDA, FL 33983
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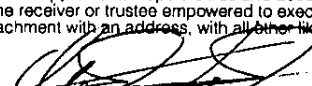
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IN THIS SPACE**

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  Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating) 000000571007 07/18/06-80030-003 150.00 DATE 7-10-06
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FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TSOVOLOS, CHRIS 27130 DEEP CREEK RD PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	7-10-06 Date	Daytime Phone #
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