

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Apr 26, 2007
Secretary of State**

DOCUMENT# P00000074651

Entity Name: ORLANDO-BEACH PIZZA, INC.

Current Principal Place of Business:

11555 CENTRAL PKWY.
STE. 901
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

11555 CENTRAL PKWY.
STE. 901
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 59-3663054 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, THOMAS R
1155 CENTRAL PKWY.
STE. 901
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEWIS, THOMAS R
Address: 3047-2 ST JOHNS BLUFF RD S
City-St-Zip: JACKSONVILLE, FL 32246

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LEWIS, THOMAS R
Address: 11555 CENTRAL PARKWAY, SUITE 901
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP () Change (X) Addition
Name: GABISCH, JOSHUA
Address: 11555 CENTRAL PARKWAY SUITE 901
City-St-Zip: JACKSONVILLE, FL 32224

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: THOMAS R LEWIS

PRES

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date