,2008 FOR PROFIT CORPORATION

Jan 23, 2008 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P06000066072 01-23-2008 90010 025 ***150.00 BELLA'S PIZZERIA, INC. Principal Place of Business Mailing Address P.O. BOX 151018 CAPETORAL TE 33915 1918 BOYSCOUT DR 40008702 FORT MYERS, FL 33907 3. Mailing Address Bay Scout DR. 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 01182008 Chq-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For MYEAS 20-4860401 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SALUSTRIO BIRNBAUM ROBERT 2640 PEBBLE CREEK PLACE Street Address (P.O. Box Number is Not Acceptable) PORT CHARLOTTE, FL 33904 STREET 8. The above named entity submits this statement for the purpose of changing its registered office or registered ofgent, or both, in the State of Florida. the obligations of registered agent (NOTE: Registered Agent signature required when reinstating) SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS PTR TITLE Delete TITLE Change Addition SALUSTRIO BIRNBAUM, ROBERT NAME NAME 15 " STREET WEST P.O. BOX 151018 STREET ADDRESS STREET ADDRESS CAPE CORAL, FL 33915 CITY-ST-ZIP CITY-ST-ZIP lehigh A ACRES TITLE Delete TITLE JASON Cox BONOMO, MELCHIORRE NAME NAME 3902 SE 18TH AVENUE STREET ADDRESS 1662 HARVARD STREET ADDRESS CAPE CORAL, FL 33904 CITY-ST-7IP CITY-ST-ZIP FFMYENS, FUT Delete TITLE ☐ Change Addition BONOMO, FRANÇA NAME NAME STREET ADDRESS 3902 SE 10TH AVENUE STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33904 CITY-\$1-7IP ☐ Delete ☐ Chanoe HILE THEF ☐ Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-CIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE THEE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 nade 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 hat my sade appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Daytimo Phone #

FILED