Apr 30, 2004 8:00 am Secretary of State 2004 FOR PROFIT CORPORATION ANNUAL REPORT 04-30-2004 90340 026 ***150.00 DOCUMENT # 535655 1. Entity Name CHRISTY'S PIZZERIA, INC. CANCINET Principal Place of Business Mailing Address 3150 SAVANNAHS TRAIL 3150 SAVANNAHS TRAIL MERRITT ISLAND, FL 32953 US MERRITT ISLAND, FL 32953 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132004 Cha-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 59-1749299 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent J*a*mes M. Walter WALTER, DAVID L. Street Address (P.O. Box Number is Not Acceptable) 3985 Citrus Blvd. 3150 SAVANNAHS TRAIL MERRITT ISLAND, FL 32953 City Cocoa ^{Zip C}32927 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 of registered agent. 4/29/04 DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD PTD Change Addition TITLE Delete TITLE NAME WALTER, DAVID L. MAME James M. Walter STREET ADDRESS 3150 SAVANNAHAS TRAIL STREET ADDRESS 3985 Citrus Blyd CITY-ST-ZIP MERRITT ISLAND, FL 32953 CITY-ST-ZIP TITLE S Delete TITLE X Change Addition WALTER, DAVID'L James M. Walter 3985 Citrus Blvd. NAME . NAME STREET ADDRESS 3150 SAVANNAHAS TRAIL STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32953 CITY-ST-ZIP Cocoa, FL 32927 Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE - 🔲 Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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.

CITY - ST--7IP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

Delete

Navid Laple

(321) 759-2107

FILED

Daytone Phone #

☐ Change

☐ Addition