


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000003372</b>					
<b>1. Entity Name</b> LEDO PIZZA SYSTEM, INC.					
<b>Principal Place of Business</b> 2001 TIDEWATER COLONY DR. SUITE 203 ANNAPOLIS, MD 21401			<b>Mailing Address</b> 2001 TIDEWATER COLONY DR. SUITE 203 ANNAPOLIS, MD 21401		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 52-1645147	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> DC <b>NAME</b> BEALL, ROBERT M <b>STREET ADDRESS</b> 115 KILBY POINT <b>CITY-ST-ZIP</b> QUEENSTOWN, MD 21658	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000661671 03/20/07-80050-004 150.00	
<b>TITLE</b> VCVP <b>NAME</b> BEALL, GARTH E <b>STREET ADDRESS</b> 3317 RODEO DR. <b>CITY-ST-ZIP</b> DAVIDSONVILLE, MD 21035	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DST <b>NAME</b> BEALL, MARGARET K <b>STREET ADDRESS</b> 115 KILBY POINT <b>CITY-ST-ZIP</b> QUEENSTOWN, MD 21658	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BEALL, TROY <b>STREET ADDRESS</b> 3312 RODEO DR. <b>CITY-ST-ZIP</b> DAVIDSONVILLE, MD 21035	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DP <b>NAME</b> BEALL, JAMES B <b>STREET ADDRESS</b> 150 SPRING PLACE WAY <b>CITY-ST-ZIP</b> ANNAPOLIS, MD 21401	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BEALL, THELMA W <b>STREET ADDRESS</b> 869 CLUBHOUSE VILLAGE VIEW <b>CITY-ST-ZIP</b> ANNAPOLIS, MD 21401	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Harvey Weedy V.P. Finance</u> 3/8/07 410-721-6887					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					