

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003372

FILED
Feb 28, 2012
Secretary of State

Entity Name: LEDO PIZZA SYSTEM, INC.

Current Principal Place of Business:

2001 TIDEWATER COLONY DR.
SUITE 203
ANNAPOLIS, MD 21401

New Principal Place of Business:

Current Mailing Address:

2001 TIDEWATER COLONY DR.
SUITE 203
ANNAPOLIS, MD 21401

New Mailing Address:

FEI Number: 52-1645147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: DC
Name: BEALL, ROBERT M
Address: 115 KILBY POINT
City-St-Zip: QUEENSTOWN, MD 21658

Title: VCVF
Name: BEALL, GARTH E
Address: 3317 RODEO DR.
City-St-Zip: DAVIDSONVILLE, MD 21035

Title: DST
Name: BEALL, MARGARET K
Address: 115 KILBY POINT
City-St-Zip: QUEENSTOWN, MD 21658

Title: D
Name: BEALL, TROY
Address: 3312 RODEO DR.
City-St-Zip: DAVIDSONVILLE, MD 21035

Title: DP
Name: BEALL, JAMES B
Address: 150 SPRING PLACE WAY
City-St-Zip: ANNAPOLIS, MD 21401

Title: D
Name: BEALL, THELMA W
Address: 869 CLUBHOUSE VILLAGE VIEW
City-St-Zip: ANNAPOLIS, MD 21401

I hereby 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 all other like empowered.

SIGNATURE: JAMES BEALL

DP

02/28/2012

Electronic Signature of Signing Officer or Director

Date