2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# F07000001596

Entity Name: PIZZUTI FAMILY HOLDINGS, INC.

Current Principal Place of Business:

197 PORTLAND STREET
BOSTON, MA 02114

New Principal Place of Business:

9724 BLUE STONE CIRCLE
FORT MYERS, FL 33913

Current Mailing Address:

9724 BLUE STONE CIR
FT MYERS, FL 33913

New Mailing Address:

FEI Number: 04-3221278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRUE, SCOTT M
9724 BLUE STONE CIR
FT MYERS, FL 33913 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: PIZZUTI, DON
Address: 500 CHESTNUT ST
City-St-Zip: LYNNFIELD, MA 01940

Title: VC ( ) Delete
Name: PIZZUTI, MARIA S
Address: 500 CHESTNUT ST
City-St-Zip: LYNNFIELD, MA 01940

Title: DT ( ) Delete
Name: PIZZUTI-BRZEZENSKI, TINA
Address: 500 CHESTNUT ST
City-St-Zip: LYNNFIELD, MA 01940

Title: PS ( ) Delete
Name: BRODIGAN, DONNA F
Address: 197 PORTLAND STREET
City-St-Zip: BOSTON, MA 02114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SCOTT M. TRUE MGR 01/09/2008
Electronic Signature of Signing Officer or Director — Date