


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # H48664 1. Entity Name, RENNA'S PIZZA, INC.	
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Principal Place of Business 6001-16 ARGYLE VILLAGE SQUARE JACKSONVILLE FL 32244	Mailing Address 6001-16 ARGYLE VILLAGE SQUARE JACKSONVILLE FL 32244
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-3131662	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ELEFANT, FRED 1650 PRUDENTIAL DRIVE, STE 105 JACKSONVILLE FL 32207	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

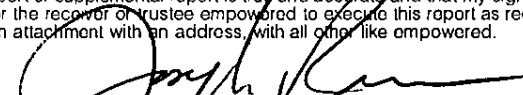
FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D RENNA, JOSEPH <input type="checkbox"/> Delete
STREET ADDRESS	6001-16 ARGYLE VILLG SQ
CITY-STATE-ZIP	JACKSONVILLE FL
TITLE	S RENNA, ROSETTE <input type="checkbox"/> Delete
STREET ADDRESS	6001-16 ARGYLE FOREST BLVD
CITY-STATE-ZIP	JACKSONVILLE FL
TITLE	V RENNA, GUISEPPINA <input type="checkbox"/> Delete
STREET ADDRESS	6001-16 ARGYLE VILLAGE SQUARE
CITY-STATE-ZIP	JACKSONVILLE FL 32244
TITLE	V RENNA, FRANCESCA <input type="checkbox"/> Delete
STREET ADDRESS	6001-16 ARGYLE VILLAGE SQUARE
CITY-STATE-ZIP	JACKSONVILLE FL 32244
TITLE	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000626007
STREET ADDRESS	02/15/07-80003-004 150.00
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:  2/1/07 904.3491269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #