

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H60946

FILED
Jul 01, 2009
Secretary of State

Entity Name: CUTTING EDGE PIZZA, INC.

Current Principal Place of Business:

P O BOX 510666
PUNTA GORDA, FL 33951666 US

New Principal Place of Business:

104 RIO VILLA DR
PUNTA GORDA, FL 33950 US

Current Mailing Address:

P O BOX 510666
PUNTA GORDA, FL 33951666 US

New Mailing Address:

FEI Number: 59-2541537 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZDANOWICZ, PAUL
8440 SW SUNNYBREEZE DRIVE
ARCADIA, FL 34269 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZDANOWICZ, PAUL
Address: 8440 SW SUNNYBREEZE DRIVE
City-St-Zip: ARCADIA, FL 34269

Title: VST () Delete
Name: ZDANOWICZ, PAUL
Address: 8440 SW SUNNYBREEZE DRIVE
City-St-Zip: ARCADIA, FL 34269

Title: D () Delete
Name: ZDANOWICZ, PAUL
Address: 8440 SW SUNNYBREEZE DRIVE
City-St-Zip: ARCADIA, FL 34269

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:

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: PAUL ZDANOWICZ

P

07/01/2009

Electronic Signature of Signing Officer or Director

Date