

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90076 012 ***150.00

DOCUMENT # L03070
 1. Entity Name
PAPPA LOUIE'S, INC.



Principal Place of Business
 724 SOUTH US 1
 PORT SAINT LUCIE, FL 34952

Mailing Address
 317 SE VERADA AVE
 PORT ST LUCIE, FL 34983

40024765



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

02122007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0140140

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANFREDI, LOUIS
317 VERADA AVE
PORT ST. LUCIE, FL 34983

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PST MANFREDI, SUSAN**
 STREET ADDRESS **440 SKIPPER LANE**
 CITY-ST-ZIP **PT. ST. LUCIE, FL**

Change Addition
 TITLE
 NAME
 STREET ADDRESS **317 veranda Ave.**
 CITY-ST-ZIP **PORT St. LUCIE, FL 34983**

TITLE Delete
 NAME **D MANFREDI, SUSAN**
 STREET ADDRESS **440 SKIPPER LANE**
 CITY-ST-ZIP **PT. ST. LUCIE, FL**

Change Addition
 TITLE
 NAME
 STREET ADDRESS **317 veranda Ave.**
 CITY-ST-ZIP **PORT St LUCIE, FL 34983**

TITLE Delete
 NAME **VD MANFREDI, LOUIS**
 STREET ADDRESS **440 SKIPPER LANE**
 CITY-ST-ZIP **PT. ST. LUCIE, FL**

Change Addition
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 NAME
 STREET ADDRESS **317 veranda Ave.**
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Change Addition
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE: Louis Manfredi **2/-15-07** **TR-3103431**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #