


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L78100
 1. Entity Name
FLIPPER'S PIZZA T. & B., INC.



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| Principal Place of Business 11321 SATELLITE BLVD. SUITE D ORLANDO, FL 32837 US | Mailing Address 11321 SATELLITE BLVD. SUITE D ORLANDO, FL 32837 US |
|--|--|



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3006974 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

8. Name and Address of Current Registered Agent
**TODD DENNIS
 11321 SATELLITE BLVD.
 SUITE D
 ORLANDO, FL 32837**

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

| | | |
|---|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000479994 04/18/06 80026 016 150.00 |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP DENNIS, TODD 11321 SATELLITE BLVD. ORLANDO, FL 32837 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV KOUSAIE, SCOTT 11321 SATELLITE BLVD. ORLANDO, FL 32837 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS DENNIS, BRETT 11321 SATELLITE BLVD. ORLANDO, FL 32837 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: Todd Dennis 3/20/06 407-852-9026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #