


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90062 001 ***150.00

DOCUMENT # M70287

1. Entity Name
E.M.J. PIZZA, INC.



Principal Place of Business
**3216 SOUTH DALE MABRY
 TAMPA, FL 33629**

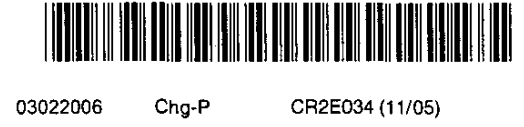
Mailing Address
**3216 SOUTH DALE MABRY
 TAMPA, FL 33629**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



4. FEI Number
59-2877978

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	
SHEAR, ROBERT L. SUITE 204 2420 ENTERPRISE ROAD CLEARWATER, FL 34623		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, 2006 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	PD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCAHEE, SCOTT			NAME			
STREET ADDRESS	3901 IRIS			STREET ADDRESS			
CITY-ST-ZIP	ST PETE, FL 33703			CITY-ST-ZIP			
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GERMAIN, MICHAEL C.			NAME	SCOTT LUCAS		
STREET ADDRESS	5802 98TH AVE NO.			STREET ADDRESS	3701 53RD STREET N.		
CITY-ST-ZIP	PINELLAS PARK, FL			CITY-ST-ZIP	ST PETE, FL 33710		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEANING, SCOTT			NAME	DEARING, SCOTT		
STREET ADDRESS	7277 60 AVENUE N			STREET ADDRESS	7277 60 AVENUE N		
CITY-ST-ZIP	ST PETE, FL 33709			CITY-ST-ZIP	ST PETE, FL 33709		
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, DANNY			NAME			
STREET ADDRESS	9410 OSCEOLA DR			STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Danny R Jones **DANNY R JONES** **3-9-06** **813-601-2281**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #