## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M70288

Entity Name: K.M.J.R. PIZZA, INC.

City-St-Zip: PALM HARBOR, FL 34684

FILED Feb 12, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
5570 4TH SAINT PE	ST N TERSBURG,	FL 33703		
Current Mailing Address:			New Mailing Address:	
5802 98TH PINELLAS	HAVE. N. BPARK, FL 33	3782		
FEI Number	: 59-2877987	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
10265 GAI ST. PETEI The above	, SCOTT A. NDY BLVD RSBURG, FL  named entity of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
SIGNATUI	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financir	g Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	TD ( DEARING, SC 10265 GANDY ST. PETERSB	BLVD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	DP ( GERMAIN, MIO 5802 98TH AV PINELLAS PAI	E. NO.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VD ( HEARN, JAME 136 LAKE SHO PALM HARBO	DRE DR. NO.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SD ( KRAMER, RAY 194 E. CANAL PALM HARBO	DR.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	HEARN, JENN	) Delete IFER STONE DRIVE	Title: Name: Address:	( ) Change ( ) Addition

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.

City-St-Zip:

SIGNATURE: MICHAEL GERMAIN OFFI 02/12/2009