2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2007
Secretary of State

DOCUMENT# N06000002575

Entity Name: AMERICAN UNION OF PIZZA DELIVERY DRIVERS INC

Current Principal Place of Business:

P.O. BOX 15172
PENSACOLA, FL 32514 US

New Principal Place of Business:

1460 E JOHNSON
211
PENSACOLA, FL 32514 US

Current Mailing Address:

P.O. BOX 15172
SUITE 12
PENSACOLA, FL 32514 US

New Mailing Address:

FEI Number: 20-4442109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

POHLE, JAMES H SR
1460 E JOHNSON
#211
PENSACOLA, FL 32514 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

OFFICERS AND DIRECTORS:

Title:	PRES	( ) Delete
Name:	POHLE, JAMES H SR	
Address:	1460 E JOHNSON #211	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	VP	( ) Delete
Name:	LACKEY, WALTER	
Address:	4603 LA BORDE LN	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	VP	( ) Delete
Name:	HAYES, BRANDI	
Address:	1857 ATWOOD DR #105K	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	SEC	(X) Delete
Name:	COATS, BRUCE	
Address:	41 SANDAL WOOD ST	
City-St-Zip:	PENSACOLA, FL 32505	
Title:	SEC	(X) Delete
Name:	NOTT, BARRY	
Address:	5716 SAN GABRIEL DR	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	TREA	(X) Delete
Name:	REED, BRADLEY	
Address:	4091 E JOHNSON	
City-St-Zip:	PENSACOLA, FL 32514	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SEC	(X) Change ( ) Addition
Name:	TWOMEY, WIL	
Address:	1601 E GADSON	
City-St-Zip:	PENSACOLA, FL 32504	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM POHLE PRES 07/31/2007

Electronic Signature of Signing Officer or Director — Date