


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90026 004 \*\*\*150.00

<b>DOCUMENT # P00000099240</b>	
1. Entity Name <b>SANO HEALTHY PIZZA, INC.</b>	

Principal Place of Business <b>3458 W. UNIVERSITY AVE. GAINESVILLE, FL 32607</b>	Mailing Address <b>3458 W. UNIVERSITY AVE. GAINESVILLE, FL 32607</b>
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2. Principal Place of Business		3. Mailing Address <b>500 NW 43RD STREET STE 3</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>GAINESVILLE FL</b>	
Zip	Country	Zip	Country
		<b>32607</b>	<b>USA</b>

**94018083**



02122004 Chg-P CR2E034 (10/03)

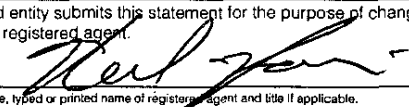
4. FEI Number <b>59-3679611</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>GREEN, ASHBY 1708 SW 117TH ST. GAINESVILLE, FL 32607</b>	
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7. Name and Address of New Registered Agent	
Name <b>NEIL ROSIN</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>500 NW 43RD STREET STE 3</b>	
City <b>GAINESVILLE</b>	FL Zip Code <b>32607</b>

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: **2/12/04**

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GREEN, ASHBY 3704 NW 97TH BLVD. GAINESVILLE, FL 32606</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WADE MYERS 6802 SW 93 AVE GAINESVILLE FL 32608</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T NEIL ROSIN 500 NW 43RD STREET GAINESVILLE FL 32607</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: **2/13/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR