2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 27, 2007 8:00 am Secretary of State DOCUMENT # P01000048341 03-27-2007 90001 012 ***150.00 TUMULO PIZZA, INC. Principal Place of Business Mailing Address 134 FISHERMAN'S COVE 134 FISHERMAN'S COVE MIRAMAR BEACH, FL 32550 MIRAMAR BEACH, FL 32550 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02262007 Chg-P CR2E034 (12/06) City & State Applied For City & State 4. FFI Number 59-3726158 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PLEAT, DAVID B Street Address (P.O. Box Number is Not Acceptable) 4477 LEGENDARY DR STE 202 DESTIN, FL 32541 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delcte TITLE Addition TUSA, ANTHONY J JR NAME NAME 4220 JADE LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MURDOCK, JERRY NAME NAME STREET ADDRESS 502 OSCEOLA DR STREET ADDRESS CITY-ST-7(P DESTIN, FL 32541 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition LOPP, ROBERT A NAME NAME STREET ADDRESS 4730 PAPAYA PARK STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ 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 life impowered.

A.J. Tusa Je

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED