2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000060685

1. Entity Name

FLIPPERS PIZZA #7, INC.



Principal Place of Business

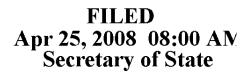
5770 W HWY 192

#140 KISSIMMEE, FL Mailing Address

11321 SATELLITE BLVD

SUITE D

ORLANDO, FL 32837





DO NOT WRITE IN THIS SPACE

03262008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

5. Certificate of Status Desired

59-3740195

\$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

DENNIS, TODD 11321 SATELLITE BLVD SUITE D ORLANDO, FL 32837

DO NOT WRITE IN THIS SPACE

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 (NOTE, Registered Agent signature required when reinstating) DATE					
FILE NOWIST FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				to the state of th
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENNIS, TODD 11321 SATELLITE BLVD ORLANDO, FL 32837	J.			000000922801 05/16/08-80005-008 150.00
TITLE NAME STREET ADDRESS CITY: ST-ZIP	VD KOUSAIE, SCOTT 11321 SATELLITE BLVD ORLANDO, FL 32837				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DENNIS, BRETT 11321 SATELLITE BLVD ORLANDO, FL 32837			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:	IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP					

12. Thereby 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 charged, or on an attachment with applicates, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/08 Date

407-852-9026

Daytime Phone #