2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000072564

City-St-Zip:

JACKSONVILLE, FL 32226

FILED May 02, 2006 Secretary of State

Entity Nan	ne: ORIGINAL	BIG DADDY'S PIZZA, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	RRATT ROAD VILLE, FL 322						
Current Mailing Address:			New Maili	New Mailing Address:			
	RRATT ROAD VILLE, FL 322	18	P.O. BOX : HILIARD, F				
FEI Number:	59-3736112	FEI Number Applied For ()	FEI Number Not App	icable ()	Certificate of Status Des	ired()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
5150 BELF BLDG. 500	BUNN, P.A. ORT ROAD S. VILLE, FL 322						
The above in the State		ubmits this statement for the p	urpose of changing i	ts registered of	ffice or registered ager	ıt, or both,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered Age	nt	Date			
		8(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notic	e.			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () CAMPBELL, CH 3012 CAPTIVA E JACKSONVILLE	BLUFF CIRCLE	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	S () VANZANT, LAUF 5900 TOWNSEN ORANGE PARK	ND ROAD #227	Title: Name: Address: City-St-Zip:	S (X) PICKETT, LAUR 17181 MCINTO HILLIARD, FL 3	SH ROAD		
Title: Name: Address:	T () EFFLER, STEVE 13626 LANIER F		Title: Name: Address:	T (X) CAMPBELL, PE 5833 WEBER R			

I hereby certify that the information supplied with this filing does not qualify for the 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:

SALINE, MN 48176

SIGNATURE: CHRISTOPHER J. CAMPBELL Ρ 05/02/2006