2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000076466

Address:

City-St-Zip:

7228-C WESTPORT PL

WEST PALM BEACH, FL 33413

FILED Jun 13, 2005 Secretary of State

Entity Nar	ne: SNEAKY PETE'S	S RESTAURANT, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ESTPORT PL. BCH, FL 33413				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	ESTPORT PL. BCH, FL 33413		7228-C WESTPORT I WEST PALM BEACH		
FEI Number:	65-1138661 FEI N	umber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	', BRIAN ESTPORT PL. BCH, FL 33413 US	3	MAHONEY, BRIAN 7228-C WESTPORT I WEST PALM BEACH		
The above in the State		s this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:				06/13/2005	
	Electronic Sign	ature of Registered Age	ent	Date	
	ce with s. 607.193(2)(b), l npaign Financing Trust F	F.S., the corporation did no Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete MAHONEY, BRIAN A 7228-C WESTPORT PL W. PALM BCH, FL 334		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () Delete CORNELIUS, PATTI-LEI 7228C WESTPORT PLA WEST PALM BEACH, F	/CE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	V () Delete PASCALLI, DON		Title: Name:	() Change () Addition	

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

Address:

City-St-Zip:

SIGNATURE: BRIAN MAHONEY PD 06/13/2005