2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000020636

Entity Name: D & T PIZZAZZ II, INC

FILED Apr 27, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

800 OCALA RD SUITE 350 800 OCALA RD TALLAHASSEE, FL 32312 SUITE 350

TALLAHASSEE, FL 32304

Current Mailing Address: New Mailing Address:

3078 KILLEARN POINT CT TALLAHASSEE, FL 32312

FEI Number: 58-2457512 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DAVIDSON, TODD WAYNE

2523 PELICAN BAY DRIVE

DAVIDSON, TODD W

3078 KILLEARN POINT COURT

2523 PELICAN BAY DRIVE 3078 KILLEARN POINT COURT PANAMA CITY BEACH, FL 32408 US TALLAHASSEE, FL 32312 US

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.

SIGNATURE: TODD WAYNE DAVIDSON 04/27/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 DAVIDSON, TODD WAYNE
 Name:
 DAVIDSON, TODD W

 Address:
 3078 KILLEARN POINT CT
 Address:
 3078 KILLEARN POINT CT

TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312

Title: Title: (X) Change () Addition () Delete DAVIDSON, DONNA J DAVIDSON, DONNA Name: Name: 3078 KILLEARN POINT CT Address: 3078 KILLEARN POINT CT Address: TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 City-St-Zip: City-St-Zip:

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.

SIGNATURE: DONNA J DAVIDSON ST 04/27/2004