2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007
Secretary of State

DOCUMENT# P02000088299

Entity Name: CAPE PIZZA #1, INC.

Current Principal Place of Business:

1129 DEL DRADE BLVD.
#A & B
NAPLES, FL 34108

New Principal Place of Business:

1129 DEL PRADO BLVD.
#A & B
NAPLES, FL 34108

Current Mailing Address:

10265 NORTH TAMIAMI TRAIL, NO. 3
NAPLES, FL 34108

New Mailing Address:

10265 NORTH TAMIAMI TRAIL, NO.
3
NAPLES, FL 34108

FEI Number: 30-0108753 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMERIATO, ANTHONY J
10265 NORTH TAMIAMI TRAIL, NO. 3
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

COMERIATO, ANTHONY J
10265 NORTH TAMIAMI TRAIL, NO.
3
NAPLES, FL 34108 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: 01/22/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COMERIATO, ANTHONY J
Address: 41 MENTOR DR.
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: MOORE, ROBERT J
Address: 1147 IMPERIAL DR.
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: WALKER, TIMOTHY F
Address: 720 S.E. 10TH AVE.
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ANTHONY J COMERIATO D 01/22/2007
Electronic Signature of Signing Officer or Director — Date