

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000122018

Entity Name: ANGELINO'S PIZZERIA, INC.

FILED  
Apr 30, 2006  
Secretary of State

## Current Principal Place of Business:

992 TAMIAMI TR  
UNIT F  
PT CHARLOTTE, FL 33953

## New Principal Place of Business:

## Current Mailing Address:

992 TAMIAMI TR  
UNIT F  
PT CHARLOTTE, FL 33953

## New Mailing Address:

FEI Number: 75-3102477      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GALBRAITH, CHERYL  
7734 36 LN E  
SARASOTA, FL 34243      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DOTY, CAROLE  
Address: 3321 RAMBLEWOOD CT  
City-St-Zip: SARASOTA, FL 34237

Title: V ( ) Delete  
Name: THOMPSON, REGINA  
Address: 3313 ZORATOA AVE  
City-St-Zip: NORTHPORT, FL 34286

Title: T ( ) Delete  
Name: GALBRAITH, CHERYL  
Address: 7734 36 LN E  
City-St-Zip: SARASOTA, FL 34243

Title: S ( ) Delete  
Name: THOMPSON, DAVE  
Address: 3313 ZORATOA AVE  
City-St-Zip: NORTHPORT, FL 34286

## 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:

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: CHERYL GALBRAITH

T

04/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date