

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P03000025816</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                                    |
| 1. Entity Name<br><b>SHOWCASE PIZZA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |                                                                                                                     |
| Principal Place of Business<br><b>373 RIVERCHASE DRIVE<br/>ORLANDO, FL 32807</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           | Mailing Address<br><b>373 RIVERCHASE DRIVE<br/>ORLANDO, FL 32807</b>                                                |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           |                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | 04202005 No Chg-P CR2E034 (10/03)                                                                                   |
| 4. FEI Number<br><b>47-0911906</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                           | Applied For<br><input type="checkbox"/> Not Applicable                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           | <b>\$8.75</b> Additional Fee Required                                                                               |
| 8. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                                                                                                                     |
| <b>LACOMMARE, ANTONIELLA<br/>10-112 EASTMAR COMMONS BLVD #1223<br/>ORLANDO, FL 32825</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                                               |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |                                                                                                                     |
| SIGNATURE <i>Antonietta Paradiso</i><br><small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | DATE <b>04.25.05</b>                                                                                                |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PT<br>LACOMMARE, ANTONIELLA<br>373 RIVERCHASE DRIVE<br>ORLANDO, FL 32807  |                                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | VPS<br>PARADISO, FRANCESCO A<br>373 RIVERCHASE DRIVE<br>ORLANDO, FL 32807 |                                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                           |                                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                           |                                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                           |                                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                           |                                                                                                                     |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11, changed, or on an attachment with an address, or all other like empowered. |                                                                           |                                                                                                                     |
| SIGNATURE <i>Antonietta Paradiso</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           | DATE <b>04.25.05</b> 407-736-<br><small>Daytime Phone #</small>                                                     |