2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000066878

Entity Name: BEACH PIZZA AND MORE, INC

10711 SE JUPITER NARROWS DR

HOBE SOUND, FL 33455

Address: City-St-Zip: FILED Apr 14, 2005 Secretary of State

Littly Na	ME. BEACHT	ZZA AND WORL, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	BRIDGE ROAD				
B HOBE SO	UND, FL 3345	5 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	BRIDGE ROAD				
B HOBE SO	UND, FL 3345	5 US			
FEI Number	: 81-0618453	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
BARON, KRISTINA 10711 SE JUPITER NARROWS DR HOBE SOUND, FL 33455 US				TOMAS, THOMAS D 10711 SE JUPITER NARROWS DR HOBE SOUND, FL 33455 US	
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: THOMAS TOMAS				04/14/2005	
Electronic Signature of Registered Agent			gent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TOMAS, AMY K	Delete ER NARROWS DR FL 33455 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TOMAS, THOMA	ER NARROWS DR	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	VP (X) BARON, KRISTI	Delete NA	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: THOMAS TOMAS D 04/14/2005