ANNUAL REPORT

2004 FOR PROFIT CORPORATION

and .

FILED Feb 16, 2004 8:00 am

Secretary of State 01-29-2004 90106 001 ***150.00 DOCUMENT # P03000092882 OCEAN ISLAND PIZZA INC. Principal Place of Business Mailing Address 1638 N.E. 164TH STREET 1638 N.E. 164TH STREET NORTH MIAMI BEACH, FL 33162 NORTH MIAMI BEACH, FL 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 01232004 CR2E034 (10/03) City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Brinkley SAMUDA, MICHAEL A ESQ. Street Address (P.O. Box Number is Not Acceptable) 9050 PINES BLVD. SUITE 300 120M Terrace PEMBROKE PINES, FL 33024 Zip Code 33025 Miromor 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 (NOTE: Registered Amen) signature required when minstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. CEOC Addition TITLE ☐ Delete TITLE Change 2041 SW 120th Terrocc BRINKLEY, SEAN RAME NAME STREET ADDRESS 200 BOYCE ROAD STREET ADDRESS CENTERVILLE, OH 45440 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition Delete TITLE NAME RYAN, KEVIN CHARLES NAME STREET ADDRESS 2546 MARSCOTT DROVE STREET ADDRESS CITY-ST-ZIP DAYTON, OH 45440 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP Detele ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: