2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P04000014019

Entity Name: PURPLE CASTLE TAKE & BAKE PIZZA CLUB COMPANY

Current Principal Place of Business:

8463 PARK BLVD NORTH
SEMINOLE, FL 33777

New Principal Place of Business:

11130 SEMINOLE BLVD.
SEMINOLE, FL 33778

Current Mailing Address:

8463 PARK BLVD NORTH
SEMINOLE, FL 33777

New Mailing Address:

1564 OAKADIA LANE
CLEARWATER, FL 33764

FEI Number: 20-1001850 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRUCE G. KAUFMANN J.D., P.A.
8463 PARK BLVD NORTH
SEMINOLE, FL 33777 US

Name and Address of New Registered Agent:

BRUCE G. KAUFMANN J.D., P.A.
1564 OAKADIA LANE
CLEARWATER, FL 33764 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: BRUCE KAUFMANN 04/29/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MAURO, JIM
Address: 6205 TIFFANY OAKS LANE
City-St-Zip: ARLINGTON, TX 76016

Title: VD ( ) Delete
Name: KAUFMANN, APRIL D
Address: 14406 440TH AVE SE
City-St-Zip: NORTH BEND, WA 98045

Title: STD ( ) Delete
Name: KAUFMANN, BRUCE G
Address: 8353 79TH AVE NORTH
City-St-Zip: SEMINOLE, FL 33777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MAURO, JIM
Address: 7701 BAY MEADOWS CIRCLE WEST #1026
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD (X) Change ( ) Addition
Name: MCMANUS, DONALD M CPA
Address: 610 NORTH INDIAN ROCKS RD. APT 126
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: SD (X) Change ( ) Addition
Name: KAUFMANN, BRUCE G
Address: 8353 79TH AVE NORTH
City-St-Zip: SEMINOLE, FL 33777

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.

SIGNATURE: BRUCE G. KAUFMANN SD 04/29/2005
Electronic Signature of Signing Officer or Director Date