

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000014019

FILED
Apr 30, 2006
Secretary of State

Entity Name: PURPLE CASTLE TAKE & BAKE PIZZA CLUB COMPANY

Current Principal Place of Business:

11130 SEMINOLE BLVD.
SEMINOLE, FL 33778

New Principal Place of Business:

Current Mailing Address:

1564 OAKADIA LANE
CLEARWATER, FL 33764

New Mailing Address:

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.
1564 OAKADIA LANE
CLEARWATER, FL 33764 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: PD () Delete
Name: MAURO, JIM
Address: 7701 BAY MEADOWS CIRCLE WEST #1026
City-St-Zip: JACKSONVILLE, FL 32256

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MAURO, JIM
Address: 15495 CAPE DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: KAUFMANN, BRUCE G
Address: 1564 OAKADIA LANE
City-St-Zip: CLEARWATER, FL 33764

Title: SD () Change (X) Addition
Name: WELCH, PARKER M SR
Address: 9434 RIDGE ROAD
City-St-Zip: SEMINOLE, FL 33772

Title: D () Change (X) Addition
Name: ARNOLD, ARDETH E
Address: 2045 EAST BAY DRIVE #724
City-St-Zip: LARGO, FL 33764

Title: D () Change (X) Addition
Name: KAUFMANN, M. KENNETH
Address: 1564 OAKADIA LANE
City-St-Zip: CLEARWATER, FL 33764

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: BRUCE G KAUFMANN

VD

04/30/2006

Electronic Signature of Signing Officer or Director

_____ Date