


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90073 033 \*\*\*150.00

DOCUMENT # P04000014787		
1. Entity Name OLIVIA'S PIZZA, INC.		

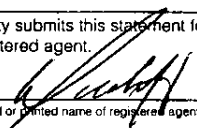
Principal Place of Business 3804 CASTLE KEY LANE VALRICO, FL 33594-0	Mailing Address 3804 CASTLE KEY LANE VALRICO, FL 33594-0
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2. Principal Place of Business - No P.O. Box # 3302 CLEMENS RD Suite, Apt. #, etc.	3. Mailing Address 3302 CLEMENS RD Suite, Apt. #, etc.
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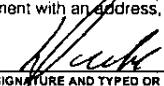
City & State PLANT CITY, FL	City & State PLANT CITY, FL
Zip 33566	Country USA

6. Name and Address of Current Registered Agent DENHOFF, CHRISTOPHER M 3804 CASTLE KEY LANE VALRICO, FL 33594-0	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3302 CLEMENS RD City PLANT CITY FL Zip Code 33566	
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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:  DATE: 3/14/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP D DENHOFF, CHRISTOPHER M 3804 CASTLE KEY LANE VALRICO, FL 33594-0	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 3302 CLEMENS RD PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	Date: 3/14/07