


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000020041 1. Entity Name GOOD FELLA'S PIZZARIA AND WINGS, INC.	
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Principal Place of Business 11002 4TH ST. N ST. PETERSBURG, FL 33619	Mailing Address 11002 4TH STREET N ST. PETERSBURG, FL 33619 US
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DO NOT WRITE IN THIS SPACE

03122007 No Chg-P CR2E034 (11/05)

4. FEI Number 41-2123668	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCAMARDELLA, PATRICIA
12001 MARTIN LUTHER KING ST. N
APT 4204
ST. PETERSBURG, FL 33716

**DO NOT WRITE
IN THIS SPACE**

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 Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTTO DI-PERTA, JOANNA 11002 4TH STREET N ST. PETERSBURG, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SCAMARDELLA, PATRICIA 12001 MARTIN LUTHER KING ST. N, APT 4204 ST. PETERSBURG, FL 33716
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05/25/07-80054-011 150.00

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IN THIS SPACE**

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: *Patricia Scamardella* **04/29/07.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #