2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000042551

Entity Name: K.C.D. PIZZA, INC.

FILED Mar 25, 2008 Secretary of State

Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
FEI Number: 20-0850019	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
1043 CHAMBORD CT. ORLANDO, FL 32825			
Current Mailing Address:		New Mailing Address:	
12890 W. COLONIAL DR WINTER GARGEN, FL 34			
Current Principal Place of Business:		New Principal Place of Business:	

FRYE, KENNETH L

1043 CHAMBORD CT.

ORLANDO, FL 32825 US

FRYE, CHARLENE

1043 CHAMBORD CT.

ORLANDO, FL 32825 US

ORLANDO, FL 32825 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: CHARLENE FRYE 03/25/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition FRYE, KENNETH L FRYE, CHARLENE Name: Name: 1043 CHAMBORD CT. Address: 1043 CHAMBORD CT. Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825 US Title: Title: (X) Change () Addition () Delete Name:

 Name:
 HATFIELD, DAVID T
 Name:
 HATFIELD, DAVID T

 Address:
 7419 TUFTS PORT
 Address:
 7419 TUFTS COURT

 City-St-Zip:
 ORLANDO, FL 32807
 City-St-Zip:
 ORLANDO, FL 32807 US

Title: () Delete Title: O () Change (X) Addition

 Name:
 Name:
 FRYE, KENNETH L

 Address:
 Address:
 1043 CHAMBORD CT

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32825 US

I hereby certify that the information supplied with this filing does not qualify 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: CHARLENE FRYE D 03/25/2008