2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 24, 2006
Secretary of State

DOCUMENT# P04000113575

Entity Name: SLICE OF PIE, INC.

Current Principal Place of Business:

2448 PINE RIDGE RD.
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

2448 PINE RIDGE RD.
NAPLES, FL 34109

New Mailing Address:

FEI Number: 84-1653340 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLIVERIO, JOSEPH
540 HAMMOCK CT.
MARCO ISLAND, FL 34145 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: JOSEPH OLIVERIO

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: OLIVERIO, JOSEPH
Address: 540 HAMMOCK CT.
City-St-Zip: MARCO ISLAND, FL 34145

Title: TSD ( ) Delete
Name: OLIVERIO, DOREEN
Address: 540 HAMMOCK CT.
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOSEPH OLIVERIO PD 10/24/2006

Electronic Signature of Signing Officer or Director Date