


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90401 029 ***150.00

DOCUMENT # P04000138104	
1. Entity Name PIZZA MANIA I, INC.	

Principal Place of Business 24532 SAILFISH STREET BONITA SPRINGS, FL 34134	Mailing Address 24532 SAILFISH STREET BONITA SPRINGS, FL 34134
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2. Principal Place of Business 4636 PALM BEACH BLVD.	3. Mailing Address 4634 PALM BEACH BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc. SECOND FLOOR

City & State FORT MYERS, FL	City & State FORT MYERS, FL
Zip 33905	Country USA

02232005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1748731	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VENETIS, JOANNE P 24532 SAILFISH STREET BONITA SPRINGS, FL 34134	
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7. Name and Address of New Registered Agent Name VENETIS, THOMAS C. Street Address (P.O. Box Number is Not Acceptable) 4634 PALM BEACH BLVD. SECOND FLOOR City FORT MYERS FL Zip Code 33905	
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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: THOMAS C. VENETIS DATE: 4/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENETIS, JOANNE P 24532 SAILFISH STREET BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P S T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Joanne Patras-Venetis **JOANNE PATRAS-VENETIS, PRES.** 4/28/05 (239) 690-2828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #