
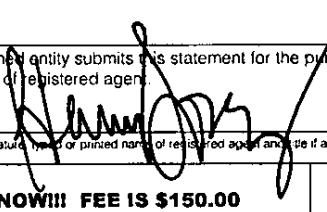
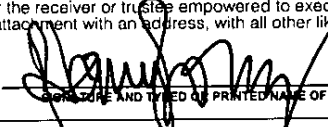


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2006 8:00 am
Secretary of State

08-30-2006 90002 002 ***150.00

DOCUMENT # P05000048629					
1. Entity Name PAPA'S PLACE INC.					
Principal Place of Business 845 CONKLIN COURT CASSELBERRY, FL 32707 US			Mailing Address 845 CONKLIN COURT CASSELBERRY, FL 32707 US		
2. Principal Place of Business 241 S. Westmonte Dr Suite, Apt. #, etc. 1050 City & State Altamonte Springs FL Zip 32717 Country USA		3. Mailing Address 4511 Sunset Lane Suite, Apt. #, etc. City & State OVIEDO FL Zip 32765 Country USA			
4. FEI Number 204162435				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 LOPEZ, HENRY 845 CONKLIN COURT CASSELBERRY, FL 32707			7. Name and Address of New Registered Agent Name: LOPEZ Henry Street Address (P.O. Box Number is Not Acceptable) 4511 SUNSET LANE City OVIEDO FL Zip Code 32765		
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: 8/28/06 <small>Signature must be of printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PSD NAME LOPEZ, HENRY STREET ADDRESS 845 CONKLIN COURT CITY-ST-ZIP CASSELBERRY, FL 32707	<input type="checkbox"/> Delete		TITLE PSD NAME LOPEZ, HENRY STREET ADDRESS 4511 Sunset Lane CITY-ST-ZIP OVIEDO, FL 32765	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VTD NAME LOPEZ, PAULINE STREET ADDRESS 845 CONKLIN COURT CITY-ST-ZIP CASSELBERRY, FL 32707	<input type="checkbox"/> Delete		TITLE VTD NAME LOPEZ, PAULINE STREET ADDRESS 4511 Sunset Lane CITY-ST-ZIP OVIEDO, FL 32765	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 8/28/06		Daytime Phone #: 407-862-0062