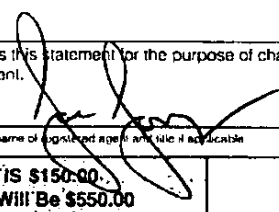
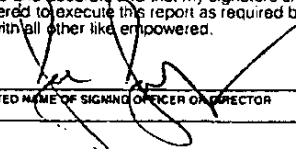


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 29, 2006 8:00 am
Secretary of State

06-29-2006 90002 032 ***150.00

DOCUMENT # P05000065370 1. Entity Name BOARDWALK PIZZA, INC.					
Principal Place of Business 7840 SW 133 TERRACE MIAMI FL 33156			Mailing Address 7840 SW 133 TERRACE MIAMI FL 33156		
2. Principal Place of Business 20 Highpoint RD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Tamiami FL		City & State 		4. FEI Number 35-2253148	
Zip 33070		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LONGO, JOSEPH 7840 SW 133 TERRACE MIAMI FL 33156				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
B. 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 6/6/06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00... After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				D. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONGO, JOSEPH 7840 SW 133 TERRACE MIAMI FL 33156	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President George PARLATT 20 Highpoint RD. Tamiami, FL 33070	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 6/6/06 DAYTIME PHONE #: 305 975 7204 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					