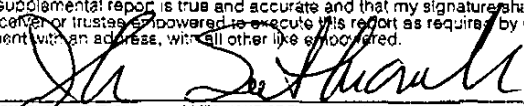


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000069320			
1. Entity Name PIZZANO'S TOO INC OF ST. AUGUSTINE			
Principal Place of Business 4255 US#1 S MOULTRIE SQ CENTER ST AUGUSTINE, FL 32086		Mailing Address 4255 US#1 S MOULTRIE SQ CENTER ST AUGUSTINE, FL 32086	
2. Principal Place of Business 4255 US1S.Moultrie Sq		3. Mailing Address Indicated at left	
Suite, Apt. #, etc. #8		Suite, Apt. #, etc.	
City & State St Augustine FL 32086		City & State	
Country		Country	
Zip		Country	
4. FEI Number 11-3749961		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
8. Name and Address of Current Registered Agent SWIATKOWSKI, JOHN 2 BALTIMORE LN PALM COAST, FL 32137		7. Name and Address of New Registered Agent Name Indicated at left Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  (NOTE: Registered Agent signature required when renewing) DATE: 4/24/06			
FILE NOW!!! FEE IS \$0.00 After May 1, 2006 Fee will be \$50.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
P SWIATKOWSKI, JOHN 2 BALTIMORE LN PALM COAST, FL 32137			
F SWIATKOWSKI, PATRICIA 2 BALTIMORE LN PALM COAST, FL 32137			
V SWIATKOWSKI, JOHN 2 BALTIMORE LN PALM COAST, FL 32137			
V SWIATKOWSKI, AMY 2 BALTIMORE LN PALM COAST, FL 32137			
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 information.			
SIGNATURE: 		4/24/06 904-794-1888	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	