2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2007 08:00 Al Secretary of State **DOCUMENT # P05000077131** FOUR SEASONS PIZZA, INC. Mailing Address Principal Place of Business 2730 GLYNNIS COURT **2730 GLYNNIS COURT** TRINITY, FL 34655 TRINITY, FL 34655 CR2E034 (11/05) No Chg-P 04152007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2864548 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE O'CONNOR, JAMES M 2730 GLYNNIS COURT IN THIS SPACE TRINITY, FL 34655 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 reinstating) Signature, typed or prented name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 " Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE O'CONNOR, JAMES M NAME 2730 GLYNNIS COURT STREET ADDRESS TRINITY, FL 34655 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fiorida 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, Fiorida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on a attachment with an endiress, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-SE-ZIP

SCHATURE AND TYPED ON PRINTED NAME OF EIGNING OFFICER OR DIRECTOR

2-24-2007 21

Davime Phone #

FILED