----2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State **DOCUMENT # P05000098564** 02-27-2006 90069 029 ***150.00 RENNA'S PIZZA HOLDINGS, INC. Principal Place of Business Mailino Address 6001-16 ARGYLE VILLAGE SOUARE JACKSONVILLE FL 32244 6001-16 ARGYLE VILLAGE SQUARE **DDUUJJJA** JACKSONVILLE FL 32244 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **ELEFANT, FRED** Street Address (P.O. Box Number is Not Acceptable) 1650 PRUDENTIAL DRIVE SUITE 105 JACKSONVILLE FL 32207 City 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 Synature, typed to protect name of registered agent and tipe if applicable (NOTE: Registerer/ Agent signature required when revisualized) TILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE ☐ Addition ☐ Change RENNA, JOSEPH MAMS NAME STREET ADDRESS 6001-16 ARGYLE VILLAGE SOUARE STREET ADDRESS CITY-\$1-719 JACKSONVILLE FL 32244 CITY - ST - 7IP MILE ☐ Delete TITLE ☐ Change ☐ Addition MALE NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZTP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-7IP TITLE TITLE Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP Delete DILE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP 12. I hereby certify that the information supplied with this filling dos dot qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is take and accurage 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 receive or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all giver like empowered. 26 106 904.292.0737. SIGNATURE:

Mar 20, 2006 8:00 am



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2006

RENNA"S PIZZA HOLDINGS, INC. 6001-16 ARGYLE VILLAGE SQUARE JACKSONVILLE, FL 32244

Subject: RENNA'S PIZZA HOLDINGS, INC.

Reference Number:

P05000098564

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE ANNUAL REPORTS SECTION