## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000140247

Entity Name: WESTSHORE PIZZA 54, INC.

FILED Apr 28, 2006 Secretary of State

Littly Na	ille. VVLSTSI	IORE FIZZA 34, INC.				
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
703 EUNICE DRIVE TARPON SPRINGS, FL 34689			3 71 CHANNELSIDE WALKWAY 504 TAMPA, FL 33681			
Current N	lailing Addres	ss:	New Maili	New Mailing Address:		
703 EUNICE DRIVE TARPON SPRINGS, FL 34689			PO BOX 13137 TAMPA, FL 33681			
FEI Number	: 20-3778915	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	Current Registered Agent:	Name and	Address of	f New Registered Agent:	
3708 WES TAMPA, F		E 3	ourpose of changing	ts registered	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electror	nic Signature of Registered Age	ent		Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	VASATURO, RO 703 EUNICE D		Title: Name: Address: City-St-Zip:	VASATURO,	ELSIDE WALKWAY	
Title: Name: Address: City-St-Zip:	D ( TUMMINIA, JOS 15735 BEREA ODESSA, FL 3	DRIVE	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( DURRANCE, B 4211 HARBOR LUTZ, FL 3355	LAKE DR	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( FREDRICKS, J 58 TURNSTON SAFETY HARB	E DRIVE	Title: Name: Address: City-St-Zip:		( ) Change() Addition	
Title: Name: Address: City-St-Zip:	D ( ROBERSON, B 500 HICKERYN OLDSMAR, FL	IUT AVE	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT VASATURO D 04/28/2006