2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000156106

Entity Name: K & M PIZZA MGMT, INC.

FILED Oct 20, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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3219 CRYSTAL HILLS LOOP S. 1094 LAKE SEBRING DR. LAKELAND, FL 33801 SEBRING, FL 33870

Current Mailing Address: New Mailing Address:

3219 CRYSTAL HILLS LOOP S. 1094 LAKE SEBRING DR. LAKELAND, FL 33801 SEBRING, FL 33870

FEI Number: 20-3918664 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCCOLLUM, JAMES F 129 S. COMMERCE AVENUE SEBRING, FL 33870 US

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.

SIGNATURE: JAMES F. MCCOLLUM

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PSD (X) Change () Addition

 Name:
 SCHROEDER, KEITH A
 Name:
 SCHROEDER, KEITH A

 Address:
 P.O. BOX 339
 Address:
 1094 LAKE SEBRING DR.

 City-St-Zip:
 EATON PARK, FL 33840
 City-St-Zip:
 SEBRING, FL 33870

Title: VPTD () Delete Title: () Change () Addition

 Name:
 SCHROEDER, MARK
 Name:

 Address:
 2953 COUNTRY RIDGE LANE
 Address:

 City-St-Zip:
 LAKELAND, FL 33801
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 OHRT, BRIAN
 Name:

 Address:
 234 RUBY LAKE LANE
 Address:

 City-St-Zip:
 WINTER HAVEN, FL 33884
 City-St-Zip:

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: KEITH A. SCHROEDER PSD 10/20/2006