

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000001827

Entity Name: FAT DADDY'S PIZZA, INC.

FILED
Jul 26, 2007
Secretary of State

Current Principal Place of Business:

4942 US HIGHWAY 98 WEST
SUITE 18
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

223 PISCES DRIVE
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

1009 MOUNTAIN TRACE
BIRMINGHAM, AL 35242 US

FEI Number: 59-3829133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELMICH, KEVIN M ESQUIRE
4481 LEGENDARY DRIVE
SUITE 200
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BEARD, CHRISTOPHER
Address: 223 PISCES DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: VPD () Delete
Name: BARRETT, VICTOR
Address: 520 BAYOU CIRCLE
City-St-Zip: FREEPORT, FL 32439 US

Title: STD (X) Delete
Name: CHIMENTO, PATRICK
Address: 191 PISCES DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BEARD, CHRISTOPHER
Address: 1009 MOUNTAIN TRACE
City-St-Zip: BIRMINGHAM, AL 35242 US

Title: STD (X) Change () Addition
Name: CHIMENTO, PATRICK
Address: 191 PISCES DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTOPHER BEARD

PD

07/26/2007

Electronic Signature of Signing Officer or Director

Date