2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000132822

Entity Name: STONEYBROOK PIZZERIA & GRILL, INC.

FILED Feb 13, 2007 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
14405 VASHONS WAY WINTER GARDEN, FL 34787				14405 VASHONS WAY WINTER GARDEN, FL 34787 US		
Current Mailing Address:				New Mailing Address:		
	HONS WAY ARDEN, FL 3	4787				
FEI Number:	20-5754574	FEI Number Applied For ()	FEI Number Not App	licable () Certific	cate of Status Desired()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
ASMA, WILLIAM N PA 884 S DILLARD ST WINTER GARDEN, FL 34787 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.					
SIGNATUR						
	Electron	ic Signature of Registered Agen	t		Date	
Election Carr	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () STEIN, JAMES 3223 RIO GRAN KISSIMMEE, FL		Title: Name: Address: City-St-Zip:	()Change	() Addition	
Title: Name: Address: City-St-Zip:	D () FIERRO, GRISE 3696 PEACEPIF CLERMONT, FL	PE COURT	Title: Name: Address: City-St-Zip:	()Change	() Addition	
Title: Name: Address: City-St-Zip:	D () CLEMENT, DON 126 FOREST AV COHOES, NY 1	/E	Title: Name: Address: City-St-Zip:	()Change	() Addition	
Title: Name: Address: City-St-Zip:	D () CECCUCCI, RO 120 MASSACHU COHOES, NY 1	GER JSETTS AVE	Title: Name: Address: City-St-Zip:	()Change	() Addition	
Title: Name: Address: City-St-Zip:	D () CECCUCCI, RA 14405 VASHON WINTER GARDI	S WAY	Title: Name: Address: City-St-Zip:	()Change	() Addition	
Title: Name: Address: City-St-Zip:	DP () CECCUCCI, LO 14405 VASHON WINTER GARDI	S WAY	Title: Name: Address: City-St-Zip:	PD (X) Change CECCUCCI, LORENA 14405 VASHONS WAY WINTER GARDEN, FL	e () 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: LORENA CECCUCCI P 02/13/2007