2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000140313

Entity Name: PIZZA FUSION HOLDINGS, INC.

FILED May 01, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6555 POWERLINE ROAD					
101 FORT LAUDERDALE, FL 33309					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
6555 POWERLINE ROAD					
101 FORT LAUDERDALE, FL 33309					
FEI Number: 2	20-5855866	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
KITTERMAN, CHRISTINA M ESQ 401 EAST LAS OLAS BLVD SUITE 1650 FORT LAUDERDALE, FL 33301 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:					
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/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () D LAZAR, VAUGHAN 6366 POND APPL BOCA RATON, FL	LE RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () D GORDON, MICHA 333 NE 19TH AVE DEERFIELD BEA	E #401	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () D ROMANO, RAND 12173 QUILTING BOCA RATON, FL	LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BLOCK, MICHAEI	IE ROAD, SUITE 101	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	YAGODA, JEFFR	IE ROAD, SUITE 101	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: NEAL SIMMONS CPA 05/01/2008