2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06913

Entity Name: EMERALD PIZZA, INC.

FILED Apr 20, 2004 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|------------------------------------|
| Current Finicipal Flace of Dusiness. | New Fillicipal Flace of Dusiliess. |

2150 TAMIAMI TRAIL SUITE #A

PORT CHARLOTTE, FL 339482136 US

Current Mailing Address: New Mailing Address:

C/O JOHN CHARLES HEEKIN P.O. BOX 494307 PORT CHARLOTTE, FL 339494307 US

FEI Number: 61-1080920 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:

HEEKIN, JOHN CHARLES 21202 OLEAN BLVD., SUITE #C-2 PORT CHARLOTTE, FL 33952 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PTD () Delete

 Name:
 COWART, STEPHEN E

 Address:
 36353 ASVACION DRIVE

 City-St-Zip:
 PUNTA GORDA, FL 33983

 Title:
 S
 () Delete

 Name:
 RIMER, ARLENE,

 Address:
 1622 RED BUD CIRCLE

 City-St-Zip:
 RADCLIFF, KY 40160

Title: PTD (X) Change () Addition
Name: COWART, STEPHEN E MR.
Address: 26353 ASUNCION DRIVE
City-St-Zip: PUNTA GORDA, FL 33983

Title: S (X) Change () Addition

Name: BURRIS, ARLENE MRS. Address: 1622 RED BUD CIRCLE City-St-Zip: RADCLIFF, KY 40160

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEPHEN E. COWART PTD 04/20/2004