FILED Mar 17, 2008 8:00 am Secretary of State 01-29-2008 90024 038 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000030854 1. Entity Name LEONARDO'S PIZZA & ITALIAN CUISINE, INC.						01-29-2008 5	00024 038 ***	130.00
Principal Place of Business Mailing Address 1456 OCEAN SHORE 1456 OCEAN SHORE ORMOND BEACH SHORES, FL 32176 US ORMOND BEACH SHORES, FL 32				32176 US	ì	00398 4	 17 1871 1887 1887 1887 188	innaire
2. Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt. #, etc.	Suite, Apt. #, etc.			01122008	Chg-P C	R2E034 (12/06)		
City & State	City & State			4. FEI Numb	862749	7 A	oplied For ot Applicable	
Žip C	Country	Zip Count		try	1	_	\$8.75 Add Fee Require	
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
SIDNEY M. NOWELL				Name LEONAND FRIES JA				
1100 EAST MOODY DLV D				Street Address (P.O. Box Number is Not Acceptable)				
P:O. -BOX-819 -BUNNELL, FL -32110				50 LA MANCHA DR				
				City D	de Co	15-	FI Zin Cod	9 2 2
8. The above named entity subgrid this etatespent for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept								
the obligations of registered agent.								
SIGNATURE								
Signetifie, typed or Interest and steel applicable. (NOTE: Registered Agent signature required when reintraprig) OATE								
FILE NOWILI FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campeign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
19.	OFFICERS AND I		11.	 -	ADDITIONS	/CHANGES TO OFFICER		
TITLE P Defets TITLE NAME FRIES, LEONARD JR							☐ Change	Addition'
- ··			ET ADDRESS					
				-S1-21P			[7] Massa	O Marine
TITLE	Delete TITLE						Change	Addition
STREET ADDRESS	FESS STR			ET ADDRESS				
CITY-ST-ZIP CITY-							☐ Change	☐ Addition
TITLE CONTROL TITLE PARKE NUMB							(1) Cristings	
STREET ADDRESS								-
-CITY-SI-ZIP	- 			-ST-ZIP			Change	- Addison
NAME NAME		E.J Delete	TITLE				C) cystafts	☐ Addition
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			TITLE	-SI-ZIP	 	<u> </u>	☐ Change	☐ Addition
TITLE NAME		Oetate	NAMI				C comple	
STREET ADDRESS				ET ADDRESS				
CITY-SI-ZIP			CITY -	-ST-ZIP		<u> </u>	Change	☐ Addillon
NAME		C Delete	NAME				Commit	C) ADDIGO
STREET ADDRESS				ET AUDIFESS				
42 I haveby codily that the in	Inmetion of motions	his filingston has qualify to		-SI-2IP	rt in Chanter 11	Q Florida Standoe I fumb	or certify that the is	Mormation
12. I hereby certify that the information supplied with this filipe does not qualify for the exemptions contained 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 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 protected to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like impowered.								
SIGNATURE: 01/23/03								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIOMING OFFICER OR DIRECTOR DIRECTOR								