2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address

SIGNATURE:

with all other like empowered.

Apr 19, 2007 8:00 am Secretary of State **DOCUMENT # P94000034044** 1. Entity Name 04-19-2007 90195 027 ***150 00 OCEAN PIZZA, INC. Principal Place of Business Mailing Address 40000 2756 N.E. 18TH ST. 2756 N.E. 18TH ST. FT. LAUDERDALE, FL 33305 FT. LAUDERDALE, FL 33305 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2911 NE 43 ST 2911 NE 43 Suite, Apt. #, etc. Suite, Apt. #, etc. 04162007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For Ft Lauderdale Ft. Laudendale 65-0526431 Not Applicable Country 5 A Zip \$8.75 Additional 5. Certificate of Status Desired 33308 <u>U5A</u> 33 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAWSON, DOUG Street Address (P.O. Box Number is Not Acceptable) 2756 N.E. 18TH ST. FT. LAUDERDALE, FL 33305 Zip Code auderdale 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. D TITLE TITLE ☐ Change Delete Wilkam Dawson Addition DAWSON, DOUG NAME NE 2911 STREET ADDRESS 2756 N.E. 18TH ST. STREET ADDRESS 33308 C(TY-ST-7)P FT. LAUDERDALE, FL. 33305 CITY-ST-7IP Ft. Lauderdale. TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Oelete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ППLЕ ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED