## 2006 FOR PROFIT CORPORATION

## FILED May 01, 2006 8:00 am Secretary of State

ANNUAL REPURT					Secretary or State			
DOCUMENT # P94000073355  1. Entity Name BROWN'S PIZZA, INC.					05-01-2006 90446 009 ***150.00			
Principal Place	of Business	Mailing Address			eaga	1268		
•				60031368				
% GHS HOLDINGS LLC % GHS HOLDINGS LLC			OD CHITE 400					
			300 W. TWELVE MILE ROD, SUITE 100					
FARMINGTON HILLS, MI 48331 US FARMINGTON HILLS, MI 4833		8331 US	1 1001001 (1	a idin desi dain sani dai	9 PENETERS INSPIRIO SISSI	nicani fi taat		
Principal Place of Business     3. Mailing Address		۸.						
9600 DELEGATES DEIVE		9600 DELEGATES DEIVE		E	• .•			
Suite, Apt. #, etc.		Suité, Apt. #, etc.		04142006	Chg-P	CR2E034 (11/05)		
				04142000	Clig-F	CR2E034 (11/03)		
City & State		City & State		4. FEI Numb	er	I A	pplied For	
	MDO FL	ORIANDO	<i>H</i> .	65-053	6868		ot Applicable	
Zip_	Country		Country					
- <sup>Ση</sup> Ζο α	27   County/) <	<sup>28</sup> 32037   `	JUS	5. Certificate	of Status Desired	□ \$8.75 Ad Fee Require		
32837 05 32837								
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
			Name					
ONEY, JR W S			Street Arde	Over Address (D.O. Over North Assessment)				
9600 DELEGATES DRIVE			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO	), FL 32837					·· ·		
			City			FL Zip Co	de	
			"			r L		
8. The above	named entity submits this statement for	the purpose of changing its reg	istered office or re	egistered agent, or bo	oth, in the State of Flo	orida. I am lamiliar with	, and accept	
the obligat	ions of registered agent.							
SIGNATURE								
	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE: Re	gistered Agent signature	required when reinstaling)		DATE		
	E NOW!!! FEE IS \$150.00	Financing	\$5.00 May Be					
After Ma	ay 1, 2006 Fee will be \$550.0	Trust Fund Contribu	nion.	Added to Fees				
10.	OFFICERS AND D	DIDECTORS	11.	ADDITIONS	ICHANGES TO DEE	ICERS AND DIRECTOR	28 INI 11	
			- T	ADDITIONS	/CITANOLS TO OFF			
TITLE	PD	☐ Delete	TITLE			☐ Change	■ Addition	
NAME	ONEY, JR W S		NAME					
STREET ADDRESS	9600 DELEGATES DRIVE		STREET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP					
TITLE	VSD	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	ONEY, ELIZABETH A	Delete	NAME			<u></u>		
	l '		STREET ADDRESS					
STREET ADDRESS	9600 DELEGATES DRIVE							
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP					
TILE		Detete	TITLE			☐ Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
****			TITLE			☐ Change	Addition	
TITLE		☐ Delete	TITLE			☐ Criange	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP		·			
TITLE		☐ Delete	TITLE		**	Change	☐ Addition	
NAME	1		NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-SI-ZIP			CITY-ST-ZIP					
							T Address	
TITLE	l .	☐ Delete	TITLE			☐ Change	Addition	

12. I hereby certify that the information supplied with this filing 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, Rorida Statutes: and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

Wade X. Druy WADE S. DNEY
SIGNATURE AND TYPED OF PRINTED MANE OF SIGNING OFFICER OF DIRECTOR

4-19-06

407.888.3606