2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000098837

PARADISE PIZZA OF CAPE CORAL, INC.

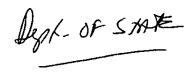


Principal Place of Business

842 LAFAYETTE STREET CAPE CORAL, FL 33904 Mailing Address

842 LAFAYETTE STREET CAPE CORAL, FL 33904

FILED Feb 15, 2007 08:00 A Secretary of State





DO NOT WRITE IN THIS SPA	CE	
--------------------------	----	--

No Chg-P 01122007 CR2E034 (11/05)

4. FEI Number 65-0712180

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARIELLO, ALICE J 842 LAFAYETTE STREET CAPE CORAL, FL 33904

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	i Agent signature	required when reinstating)	DAIE		
FIL	E NOW!!! FEE IS \$150,00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY+ST+ZIP	P CARIELLO, ALICE J 842 LAFAYETTE STREET CAPE CORAL, FL			,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000636840 02/26/07-80036-013 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·					
NAME STREET ADDRESS CITY-ST-ZIP			e e e e e e e e e e e e e e e e e e e				
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, Florida 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.							