


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000066852 1. Entity Name N.Y. PIZZA D-LUX INC.	
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Principal Place of Business 7600 ALICO RD. #4 FT MYERS, FL 33912	Mailing Address 7600 ALICO RD #4 FT. MYERS, FL 33912
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DO NOT WRITE IN THIS SPACE



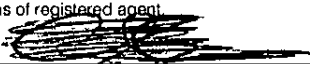

05042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0854142	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BEEKMAN, GLENN 15418 BRIARCREST CIR FT MYERS, FL 33912

**DO NOT WRITE
IN THIS SPACE**

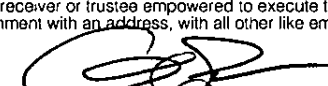
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEEKMAN, GLENN 15418 BRIARCREST CIR FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEEKMAN, MARY B 15418 BRIARCREST CIR FT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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07/25/06-80012-021 150.00

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IN THIS SPACE**

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.
SIGNATURE:  GLENN BEEKMAN 7/20/06 (239) 437-6973 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #