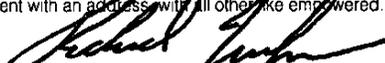


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90028 022 ***150.00

DOCUMENT # P99000060484					
1. Entity Name R.C. PIZZA, INC.					
Principal Place of Business 5153 OAK SHORE DR SAINT CLOUD, FL 34771			Mailing Address 5153 OAK SHORE DR SAINT CLOUD, FL 34771		
2. Principal Place of Business 1922 E OSCEOLA PKWY Suite, Apt. #, etc.		3. Mailing Address 6507 COTTAGE LN Suite, Apt. #, etc.		 02022006 Chg-P CR2E034 (11/05) 4. FEI Number 59-3587918 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State KISSIMMEE, FL		City & State SAINT CLOUD, FL			
Zip 34743	Country US	Zip 34771	Country US		
6. Name and Address of Current Registered Agent TRAENKNER, RICK 5153 OAK SHORE DR SAINT CLOUD, FL 34771			7. Name and Address of New Registered Agent Name TRAENKNER, RICK Street Address (P.O. Box Number is Not Acceptable) 6507 COTTAGE LN City SAINT CLOUD FL Zip Code 34771		
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 2-6-06	
SIGNATURE (typed or printed name of registered agent and title if applicable). (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TRAENKNER, RICK	NAME	TRAENKNER, RICK		
STREET ADDRESS	5153 OAK SHORE DR	STREET ADDRESS	6507 COTTAGE LN		
CITY-ST-ZIP	SAINT CLOUD, FL 34771	CITY-ST-ZIP	SAINT CLOUD, FL 34771		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 				DATE 2-6-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	