2006 FOR Pholici ANNUAL REPORT (AR)

Apr 14, 2006 08:00 AM Secretary of State DOCUMENT # S32475 1. Entity Name HUMBLE PIE, INC. Principal Place of Business Mailing Address 9530 CORALEE AVENUE ESTERO FL 33928 9530 CORALEE AVENUE ESTERO FL 33928 2. Principal Place of Business 3. Mailing Address 5 Ame SAMe Suite. Apt. #, etc. Suite. Apt. # etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0220082 Not Applica Zip Country Zπ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAWRENCE, DANIEL Street Address (P.O. Box Number is Not Acceptable) 9530 CORALEE AVENUE ESTERO FL 33928 City Zip Code 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed or prince name of registered apout and life if applicable (NOTE Registered Agen) aignature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Defete RILE ☐ Chance ☐ A 17 NAME LAWRENCE, DANIEL NAME STREET ADDRESS 9530 CORALEE AVE STREET ADDRESS U00000507**46**0 CITY-SI-ZIP ESTERO FL Cary - ST - ZIP 04/27/06-80066-<u>004_15</u>0.00 TITLE Deleta DILE ☐ Change . □ A∜ NAME LAWRENCE, DANIEL NAME STREET ADDRESS 9530 CORALEE AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ESTERO FL TITLE ☐ Delete MLE ☐ Artr ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE Detete 11DE Change Aû" NAME MAME STREET ADDRESS STRECT ADDRESS CHY-ST-ZIP City-St-Zip TITLE ☐ Delete TITLE ☐ Change MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP THRE Doiete TITLE Change □ Additi NAME MAME STREET ADDRESS STREET ADORESS CITY-SI-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

in him

Paniel Laurence 3/3/106

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