


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # S57150	
1. Entity Name S.P.B. #1 PIZZA CORP.	

Principal Place of Business 7704 BLIND PASS RD ST PETERSBURG BEACH, FL 33706	Mailing Address 7704 BLIND PASS RD ST PETERSBURG BEACH, FL 33706
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04142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3071505	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHANE, JOSEPH 6417 NW 99TH AVE PARKLAND, FL 33067
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	U00000513197^M 04/29/06-80119-017 150.00^M
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDO SHANE, JOSEPH 6417 NW 99TH AVE PARKLAND, FL 33067
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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: Joseph Shane Date 4/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR