

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90020 004 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               |                                                                                            |                                                                                                                                             |                                                                                   |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>DOCUMENT # 365060</b><br>1. Entity Name<br><b>SEMORAN PIZZA HUTS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |                                                                                            |                                                                                                                                             |  |                                                       |
| Principal Place of Business<br><b>14841 DALLAS PKWY<br/>DALLAS, TX 75240-2100 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               |                                                                                            | Mailing Address<br><b>14841 DALLAS PKWY<br/>DALLAS, TX 75240-2100 US</b>                                                                    |                                                                                   |                                                       |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country  |                                                                                                                                             |                                                                                   |                                                       |
| 4. FEI Number<br><b>59-1654194</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                               |                                                                                            | Applied For<br><input type="checkbox"/> Not Applicable                                                                                      |                                                                                   |                                                       |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               |                                                                                            | <b>\$8.75 Additional Fee Required</b>                                                                                                       |                                                                                   |                                                       |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               |                                                                                            | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |                                                                                            |                                                                                                                                             |                                                                                   |                                                       |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |                                                                                            |                                                                                                                                             |                                                                                   |                                                       |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                             |                                                                                   |                                                       |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |                                                                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                |                                                                                   |                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>PD<br/>MURPHY, JOHN J<br/>14841 DALLAS PKWY<br/>DALLAS, TX 752547552</b> <input type="checkbox"/> Delete   |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>VSD<br/>SHULTZ, JULIE L<br/>14841 DALLAS PKWY<br/>DALLAS, TX 752547552</b> <input type="checkbox"/> Delete |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>VTAS<br/>HORN, IDA W<br/>14841 DALLAS PARKWAY<br/>DALLAS, TX 752547552</b> <input type="checkbox"/> Delete |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                               |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                               |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                               |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                                       |
| 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. |                                                                                                               |                                                                                            |                                                                                                                                             |                                                                                   |                                                       |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |                                                                                            | <b>4/3/06</b><br><small>Date</small>                                                                                                        |                                                                                   | <b>972/338-7700</b><br><small>Daytime Phone #</small> |