


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90046 048 \*\*\*150.00

**DOCUMENT # F93000004730**

1. Entity Name  
 SPAGHETTI WAREHOUSE RESTAURANTS OF AMERICA, INC.



Principal Place of Business 12200 STEMMONS FWY STE 100 DALLAS, TX 75234	Mailing Address 12200 STEMMONS FWY STE 100 DALLAS, TX 75234
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**DO NOT WRITE IN THIS SPACE**



03302005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-2504207	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 C/O CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION, FL 33324

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STREET, E. GENE 12200 STEMMONS FRWY, STE 100 DALLAS, TX 75234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LAMM, MARK P 12200 STEMMONS FWY #100 DALLAS, TX 75234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD HARKEY, JOHN D JR 12200 STEMMONS FREEWAY STE 100 DALLAS, TX 75234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HACKEMACK, WENDY W 12200 STEMMONS FRWY, STE 100 DALLAS, TX 75234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  4/1/05 (972) 241-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #