

**2007 FOR PROFIT CORPORATION,
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

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



03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2504207	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	

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04/09/07-80045-003 150.00

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/07

Date

(972) 241-5500

Daytime Phone #