2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 08:00 AN Secretary of State

DOCUMENT # F9400003193 1. Entity Name ROMA FRANCHISE CORPORATION				Secretary of St			
Principal Plac 9304 FORES SUITE 200 DALLAS, TX	ST LANE	Mailing Address 9304 FOREST LANE SUITE 200 DALLAS, TX 75243 US					
C	OO NOT WRITE I	CE	04102006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applied For Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required				
1200 S. PI	6. Name and Address of Cyrrent Reg PORATION SYSTEM INE ISLAND RD. ION, FL 33324			NOT W			
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, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees							
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP JITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRI VS SHORT, DAVID G 9304 FOREST LANE STE 200 DALLAS, TX 75243 P HEAD, DAVID 9304 FOREST LANE STE 200 DALLAS, TX 75243	ECTORS					
NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06

(all)343-7800