


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000003396
 1. Entity Name
 WOLFGANG PUCK FOOD COMPANY, INC.



| | |
|--|--|
| Principal Place of Business 100 N. CRESCENT DR., SUITE 100 BEVERLY HILLS, CA 90210 | Mailing Address 100 N. CRESCENT DR., SUITE 100 BEVERLY HILLS, CA 90210 |
|--|--|

DO NOT WRITE IN THIS SPACE



03242006 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 95-4100729 | 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

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------|
| TITLE | PCDC |
| NAME | PUCK, WOLFGANG |
| STREET ADDRESS | 100 N CRESCENT DR, SUITE 100 |
| CITY-ST-ZIP | BEVERLY HILLS, CA 90210 |
| TITLE | CDCE |
| NAME | PUCK, WOLFGANG J |
| STREET ADDRESS | 805 N. SIERRA DR. |
| CITY-ST-ZIP | BEVERLY HILLS, CA 90210 |
| TITLE | D |
| NAME | KARAS, DON A |
| STREET ADDRESS | 7226 VALENCIA DR |
| CITY-ST-ZIP | BOCA RATON, FL 33433 |
| TITLE | D |
| NAME | LAWRIE, JUDITH P |
| STREET ADDRESS | 63 FAIRVIEW ROAD |
| CITY-ST-ZIP | WESTON, MA 02493 |
| TITLE | D |
| NAME | SCULLEY, DAVID |
| STREET ADDRESS | BLACKBURN ROAD |
| CITY-ST-ZIP | SEWICKLEY, PA 15142 |
| TITLE | TS |
| NAME | ESSA, JOSEPH |
| STREET ADDRESS | 100 N CRESCENT DR #100 |
| CITY-ST-ZIP | BEVERLY HILLS, CA 90210 |

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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 Essa** **4-19-2006** **310 4321539**

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