
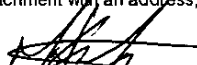


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90229 021 ***150.00

DOCUMENT # P03000092883 1. Entity Name LINDBURGERS FRANCHISING COMPANY, INC.			
Principal Place of Business 300 S DIXIE HWY STE B (ADDRESS CHANGE) LANTANA FL 33462		Mailing Address 300 S DIXIE HWY STE B (ADDRESS CHANGE) LANTANA FL 33462	
2. Principal Place of Business 3471 HIGH RIDGE ROAD Suite, Apt. #, etc.		3. Mailing Address 3471 HIGH RIDGE ROAD Suite, Apt. #, etc.	
City & State BOYNTON BEACH, FLORIDA Zip 33426		City & State BOYNTON BEACH, FLORIDA Zip 33426	
Country FLORIDA		Country FLORIDA	
6. Name and Address of Current Registered Agent MIAMI CENTER REGISTERED AGENTS INC 201 S BISCAYNE BLVD 17 FL MIAMI FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MEYERS, MARK F 155 LAS BRISAS CIR HYPOLUXO FL 33462	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MEYERS, MICHAEL D 101 ROSEMONT CT ATLANTIS FL 33462	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MEYERS, KIMBERLY A 155 LAS BRISAS CIR HYPOLUXO FL 33462	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  MARK MEYERS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-15-05 <small>Date</small>	
561-588-9100 <small>Daytime Phone #</small>			