


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # 828070 1. Entity Name SPECIALTY RESTAURANTS CORPORATION	
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Principal Place of Business 8191 E KAISER BLVD ANAHEIM, CA 92808-2214	Mailing Address 8191 E KAISER BLVD ANAHEIM, CA 92808-2214
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DO NOT WRITE IN THIS SPACE



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number 95-2547743	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE, FL 32301**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TALLICHET, JOHN 8191 E. KAISER BLVD. ANAHEIM, CA 928082214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TALLICHET, CECILIA 8191 E. KAISER BLDV. ANAHEIM, CA 928082214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TALLICHET, CECILIA 8191 E. KAISER BLVD. ANAHEIM, CA 928082214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ROYSE, BOB D. 8191 E. KAISER BLVD. ANAHEIM, CA 928082214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/25/07-80073-007 150.00

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 *Cecilia Tallichet* **4/25/07** **714-277-6100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #