2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# 817125

Entity Name: WAFFLE HOUSE INC

Current Principal Place of Business:

5986 FINANCIAL DRIVE
PO BOX 6450
NORCROSS, GA 30091

New Principal Place of Business:

5986 FINANCIAL DRIVE
NORCROSS, GA 30091

Current Mailing Address:

5986 FINANCIAL DRIVE
PO BOX 6450
NORCROSS, GA 30091

New Mailing Address:

PO BOX 6450
NORCROSS, GA 30091

FEI Number: 58-0652840 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROGERS, JOE W JR
Address: 5986 FINANCIAL DR
City-St-Zip: NORCROSS, GA 30071

Title: VP ( ) Delete
Name: HOVEY, MARIANNE
Address: 5986 FINANCIAL DR
City-St-Zip: NORCROSS, GA 30071

Title: S ( ) Delete
Name: WALLER, JONATHAN
Address: 5986 FINANCIAL DR
City-St-Zip: NORCROSS, GA 30071

Title: TRES ( ) Delete
Name: KNIGHT, J. CRAIG
Address: 5986 FINANCIAL DR
City-St-Zip: NORCROSS, GA 30071

Title: VP ( ) Delete
Name: MOORE, BOB
Address: 5986 FINANCIAL DR
City-St-Zip: NORCROSS, GA 30071

Title: C ( ) Delete
Name: HOWARD, MIKE
Address: 5986 FINANCIAL DR
City-St-Zip: NORCROSS, GA 30071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: EHMER, WALT
Address: 5986 FINANCIAL DR
City-St-Zip: NORCROSS, GA 30071

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIANNE HOVEY VP 03/26/2009
Electronic Signature of Signing Officer or Director Date