2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# 837115

Entity Name: TGI FRIDAY'S INC.

Current Principal Place of Business:

4201 MARSH LN
CARROLLTON, TX 75007 US

New Principal Place of Business:

Current Mailing Address:

PO BOX
809062, TX 75380 US

New Mailing Address:

FEI Number: 13-2677117 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
STE 105
TALLAHASSEE, FL 32301 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: VP ( ) Delete
Name: KING, STEPHEN M
Address: 4201 MARSH LN
City-St-Zip: CARROLLTON, TX 75007 US

Title: PD ( ) Delete
Name: SNEAD, RICHARD T
Address: 4201 MARSH LN
City-St-Zip: CARROLLTON, TX 75007 US

Title: D ( ) Delete
Name: NELSON, MARILYN C
Address: 500 TONKAWA RD
City-St-Zip: LONG LAKE, MN 75007 US

Title: EVP ( ) Delete
Name: ARCHER, MICHAEL J
Address: 4201 MARSH LN
City-St-Zip: CARROLLTON, TX 55356 US

Title: D ( ) Delete
Name: NELSON, CURTIS C
Address: 500 TONKAWA RD
City-St-Zip: LONG LAKE, MN 55356 US

Title: VPS ( ) Delete
Name: CHOPP, CAROL M
Address: 4201 MARSH LN
City-St-Zip: CARROLLTON, TX 75007 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SVP (X) Change ( ) Addition
Name: LESLIE, SHARMAN
Address: 4201 MARSH LN
City-St-Zip: CARROLLTON, TX 75007 US

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

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

Title: P (X) Change ( ) Addition
Name: ARCHER, MICHAEL J
Address: 4201 MARSH LN
City-St-Zip: CARROLLTON, TX 55356 US

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 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: CAROL M. CHOPP VPS 04/28/2006

Electronic Signature of Signing Officer or Director — Date