

2006, FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT

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06 MAY 11 AM 10:41

DOCUMENT # 857338					
1. Entity Name HILLSTONE RESTAURANT GROUP, INC.					
Principal Place of Business 2425 E CAMELBACK RD SUITE 200 PHOENIX, AZ 85016			Mailing Address 2425 E CAMELBACK RD SUITE 200 PHOENIX, AZ 85016		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-1164709	
				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			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____					
Amended AR is \$61.25		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	PD	<input type="checkbox"/> Delete	TITLE	VPP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIEL, GEORGE W.		NAME	ASHBY, CHRISTOPHER	
STREET ADDRESS	2512 LA MESA		STREET ADDRESS	3901 NORTH 54TH WAY	
CITY-ST-ZIP	SANTA MONICA, CA 90402		CITY-ST-ZIP	PHOENIX, AZ 85018	
TITLE	STV	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASHBY, R. SCOTT		NAME	VIERS, W. GLENN	
STREET ADDRESS	4531 W QUARTZ MOUNTAIN RD		STREET ADDRESS	787 BRYNWyCK ROAD	
CITY-ST-ZIP	PARADISE VALLEY, AZ 85253		CITY-ST-ZIP	ATLANTA, GA 30319	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANSTETTER, VICTOR		NAME		
STREET ADDRESS	101 OCEA AVE UNIT 7020		STREET ADDRESS		
CITY-ST-ZIP	SANTA MONICA, CA 90402		CITY-ST-ZIP		
TITLE	VPGC	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKS, W GLENN		NAME		
STREET ADDRESS	787 BYRNWyCK RD		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30319		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIEL, CAROL R.		NAME		
STREET ADDRESS	2517 LA MESA		STREET ADDRESS		
CITY-ST-ZIP	SANTA MONICA, CA 90402		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODE, ALLEN		NAME		
STREET ADDRESS	101 EAST OCDILLO RD		STREET ADDRESS		
CITY-ST-ZIP	PHOENIX, AZ 85012		CITY-ST-ZIP		
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: _____			5/10/2006 (805)4448002		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		