2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002634

Entity Name: FLAGSTAR ENTERPRISES, INC.

FILED Apr 01, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
401 WEST CARL KARCHER WAY ANAHEIM, CA 92803				6307 CARPINTERIA AVE SUITE A CARPINTERIA, CA 93013			
Current Mailing Address:				New Mailing Address:			
TAX DEPARTMENT P.O. BOX 4349 ANAHEIM, CA 92803				1325 N. ANAHEIM BLVD TAX DEPT ANAHEIM, CA 92801			
FEI Number: 57-0900036 FEI Number Applied For () FEI N		FEI Nur	umber Not Applicable () Certificate of Status Desired ()				
Name and	Address of C	urrent Registered Agent:		Name and	Address of Ne	ew Registered A	gent:
1201 HAYS TALLAHAS The above in the State	named entity see of Florida.		rpose o	of changing it	ts registered off	ice or registered	agent, or both,
SIGNATUR		ic Signature of Registered Agen	.+			Date	
Election Can		rust Fund Contribution ().				Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () PUZDER, ANDF 6307 CARPINTE CARPINTERIA,	ERIA AVE		Title: Name: Address: City-St-Zip:	PUZDER, ANDRI	RIA AVE, SUITE A	
Title: Name: Address: City-St-Zip:	DICKEY, JOHN	L KARCHER WAY		Title: Name: Address: City-St-Zip:	VP (X) (VANORMAN, JUL 1325 N. ANAHEII ANAHEIM, CA 92	M BLVD	
Title: Name: Address: City-St-Zip:	WERNER, WILI	REET, SUITE 2000		Title: Name: Address: City-St-Zip:	WERNER, WILL 100 N. BROADW	/AY, SUITE 1200	
Title: Name: Address: City-St-Zip:	T () ABAJIAN, TED 6307 CARPENT CARPINTERIA,			Title: Name: Address: City-St-Zip:	VP/T (X) (ABAJIAN, TED 6307 CARPENTE CARPINTERIA, C	•	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	MURPHY, E M	Change (X) Addition RIA AVE, SUITE A CA 93013	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	VP () (STEWART, REE: 1325 N. ANAHEII ANAHEIM, CA 9:	M BLVD	

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: JULIE VANORMAN VP 04/01/2009