2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# F06000007826

Entity Name: FAZOLI'S GROUP, INC.

Current Principal Place of Business:

5200 TOWN CENTER CIRCLE STE 470
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

5200 TOWN CENTER CIRCLE STE 470
BOCA RATON, FL 33486

New Mailing Address:

2470 PALUMBO DRIVE
LEXINGTON, KY 40509

FEI Number: 20-5593089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	DP	( ) Delete
Name:	WEISSMUELLER, ROBERT	
Address:	2470 PALUMBO DRIVE	
City-St-Zip:	LEXINGTON, KY 40509	
Title:	S	( ) Delete
Name:	MOORE, M. ELIZABETH	
Address:	2470 PALUMBO DRIVE	
City-St-Zip:	LEXINGTON, KY 40509	
Title:	T	( ) Delete
Name:	SMITH, DAVID	
Address:	2470 PALUMBO DRIVE	
City-St-Zip:	LEXINGTON, KY 40509	
Title:	D	( ) Delete
Name:	WERKING, DOUGLAS	
Address:	5200 TOWN CENTER CIRCLE STE 470	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	D	( ) Delete
Name:	GILLEN, MICHAEL	
Address:	5200 TOWN CENTER CIRCLE STE 470	
City-St-Zip:	BOCA RATON, FL 33486	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DAVID SMITH T 04/28/2008

Electronic Signature of Signing Officer or Director — Date