

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F84533

FILED
Apr 25, 2008
Secretary of State

Entity Name: CHEFS DE FRANCE OF ORLANDO, INC.

Current Principal Place of Business:

1830 AVE OF THE STARS
EPCOT CENTER WDW
LAKE BUENA VISTA, FL 32830

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 22801
LAKE BUENA VISTA, FL 32830

New Mailing Address:

FEI Number: 58-1476538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, SAMUEL
1830 AVE OF THE STARS
% CHEFS DE FRANCE OF ORLANDO INC.
LAKE BUENA VISTA, FL 32830 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: VD () Delete
Name: BOCUSE, PAUL,
Address: PAUL BOCUSE CONSEIL
City-St-Zip: COLLONGES, FRANCE 0,

Title: VD () Delete
Name: LENOTRE, GASTON,
Address: LE PRE CATELAN
City-St-Zip: PARIS, FRANCE 0,

Title: PD () Delete
Name: VERGE, ROGER,
Address: MOULIN DE MOUGINS
City-St-Zip: MOUGINS, FRANCE 0,

Title: AS () Delete
Name: WILSON, SAMUEL,
Address: 1830 AVENUE OF THE STARS
City-St-Zip: LAKE BUENA VISTA, FL

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:

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: SAMUEL WILSON

MR.

04/25/2008

Electronic Signature of Signing Officer or Director

_____ Date