2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006
Secretary of State

DOCUMENT# F96000005534

Entity Name: STEAK-OUT FRANCHISING, INC.

Current Principal Place of Business:

6801 GOVERNORS LAKE PKWY
SUITE 100
NORCROSS, GA 30071 US

New Principal Place of Business:

3091 GOVERNORS LAKE DRIVE
SUITE 500
NORCROSS, GA 30071 US

Current Mailing Address:

6801 GOVERNORS LAKE PKWY
SUITE 100
NORCROSS, GA 30071 US

New Mailing Address:

3091 GOVERNORS LAKE DRIVE
SUITE 500
NORCROSS, GA 30071 US

FEI Number: 58-2182337 **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: HARKLEROAD, DONALD R
Address: 6801 GOVERNORS LK PKWY STE 100
City-St-Zip: NORCROSS, GA 30071

Title: VS ( ) Delete
Name: MCCORD, JOSEPH M
Address: 6801 GOVERNORS LAKE PKWY STE 100
City-St-Zip: NORCROSS, GA 30071

Title: V ( ) Delete
Name: ANDERSON, MICHAEL T
Address: 6801 GOVERNORS LAKE PKWY STE 100
City-St-Zip: NORCROSS, GA 30071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: HARKLEROAD, DONALD R
Address: 3091GOVERNORS LK DRIVE STE 500
City-St-Zip: NORCROSS, GA 30071

Title: VP (X) Change ( ) Addition
Name: MCCORD, JOSEPH M
Address: 3091 GOVERNORS LAKE DRIVE STE 500
City-St-Zip: NORCROSS, GA 30071

Title: VP (X) Change ( ) Addition
Name: ANDERSON, MICHAEL T
Address: 3091GOVERNORS LAKE DRIVE STE 500
City-St-Zip: NORCROSS, GA 30071

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: MICHAEL T ANDERSON VP 04/04/2006

Electronic Signature of Signing Officer or Director Date