


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000003396 1. Entity Name WOLFGANG PUCK FOOD COMPANY, INC.	
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Principal Place of Business 100 N. CRESCENT DR., SUITE 100 BEVERLY HILLS, CA 90210	Mailing Address 100 N. CRESCENT DR., SUITE 100 BEVERLY HILLS, CA 90210
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DO NOT WRITE IN THIS SPACE



03242006 No Chg-P CR2E034 (11/05)

4. FEI Number 95-4100729	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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCDC PUCK, WOLFGANG 100 N CRESCENT DR, SUITE 100 BEVERLY HILLS, CA 90210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDCE PUCK, WOLFGANG J 805 N. SIERRA DR. BEVERLY HILLS, CA 90210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARAS, DON A 7226 VALENCIA DR BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRIE, JUDITH P 63 FAIRVIEW ROAD WESTON, MA 02493
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCULLEY, DAVID BLACKBURN ROAD SEWICKLEY, PA 15142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS ESSA, JOSEPH 100 N CRESCENT DR #100 BEVERLY HILLS, CA 90210

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05/19/06-80048-019 150.00

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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: _____ **Joseph Essa** **4-19-2006** **310 432-1539**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #