2007 FOR PROFIT CORPORATION

FILED May 02, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # F98000000811

1. Entity Name
HOOTERS OF POINTE ORLANDO, INC

Principal Place of Business 9101 INTERNATIONAL DRIVE **STE 2210** ORLANDO, FL 32819

Mailing Address 1815 THE EXCHANGE ATLANTA, GA 30339

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04182007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 59-3484726 Not Applicable

e de la companya de La companya de la co				5. Certificate	of Status Desired	□ \$8	.75 Additional Required				
****	6. Name and Address of Current Regis	stered Agent				- 3					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			DO NOT WRITE IN THIS SPACE								
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	il applicable. (NOTE: Registered	Agent signature r	equired when reinstaling)		DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees							
10.	OFFICERS AND DIREC	CTORS									
THILE NAME STREET ADDRESS GITY-S1-ZIP TITLE	P BROOKS, COBY G 1815 THE EXCHANGE ATLANTA, GA ST				 <i>U000007</i> 05/22/07~8	54052 0044~0;	23 150.00				
NAME STREET ADDRESS CITY-ST-ZIP	FOSTER, RODNEY C 1815 THE EXCHANGE ATLANTA, GA		ı								
TITLE NAME STREET ADORESS CITY-ST-ZIP		·		DO	NOT WE	RITE					
TITLE NAME STREET ADDRESS				IN 7	THIS SPA	ACE	, , , , , , , , , , , , , , , , , , ,				
CITY-ST-ZIP TITLE NAME		,				* * .	Section 1 Supplied to 186				
STREET ADDRESS CITY-81-ZIP											

12. I hereby certify that the information supplied with this titing 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 five 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR