


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90158 045 ***150.00

DOCUMENT # F98000001313

1. Entity Name
TACO BELL OF AMERICA, INC.



Principal Place of Business Mailing Address

17901 VAN KARMAN 17901 VAN KARMAN
IRVINE, CA 92614 US IRVINE, CA 92614 US

50009380



03272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-0777005	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

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 _____ (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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LORA, MELISSA 17901 VON KARMAN IRVINE, CA 926146221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS EMMONS, STEVEN L 17901 VON KARMAN IRVINE, CA 926146221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DASV SHIRLEY, R. BRYCE 17901 VON KARMAN IRVINE, CA 926146221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO O'NEAL, KATHLEEN 17901 VON KARMAN IRVINE, CA 926146221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STEARMAN, JEFF 1900 COLONEL SANDERS LANE LOUISVILLE, KY 40213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Laurence Gerich</i> <i>17901 Von Karman</i> <i>Irvine, CA 92614</i>

DO NOT WRITE IN THIS SPACE

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: *Laurence Gerich* **3/27/06** **949.863.4500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Laurence Gerich, Asst. Sec