


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90095 008 \*\*\*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**

40076403



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

04162007      Chg-P      CR2E034 (12/06)

City & State      City & State

4. FEI Number      Applied For  
**33-0777005**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired            **\$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**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	LORA, MELISSA	
STREET ADDRESS	17901 VON KARMAN	
CITY-ST-ZIP	IRVINE, CA 926146221	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	EMMONS, STEVEN L	
STREET ADDRESS	17901 VON KARMAN	
CITY-ST-ZIP	IRVINE, CA 926146221	
TITLE	DASV	<input checked="" type="checkbox"/> Delete
NAME	SHIRLEY, R. BRYCE	
STREET ADDRESS	17901 VON KARMAN	
CITY-ST-ZIP	IRVINE, CA 926146221	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	O'NEAL, KATHLEEN	
STREET ADDRESS	17901 VON KARMAN	
CITY-ST-ZIP	IRVINE, CA 926146221	
TITLE	AS	<input type="checkbox"/> Delete
NAME	STEARMAN, JEFF	
STREET ADDRESS	1900 COLONEL SANDERS LANE	
CITY-ST-ZIP	LOUISVILLE, KY 40213	
TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Delete
NAME	LAURENCE GERICH	
STREET ADDRESS	17901 VON KARMAN	
CITY-ST-ZIP	IRVINE, CA 92614	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DASV	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRIS ARMBRUSTER	
STREET ADDRESS	17901 VON KARMAN	
CITY-ST-ZIP	IRVINE, CA 92614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CFO LARRY LLOYD	
STREET ADDRESS	17901 VON KARMAN	
CITY-ST-ZIP	IRVINE, CA 92614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an officer-like empowered.

SIGNATURE:       4/18/07      949-863-4500

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

LAURENCE GERICH, ASST SECRETARY