
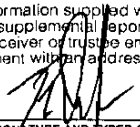


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90034 021 ***150.00

DOCUMENT # F98000001472 1. Entity Name STAR BUFFET, INC.					
Principal Place of Business 420 LAWDALE DRIVE SALT LAKE CITY, UT 84115			Mailing Address 420 LAWDALE DRIVE SALT LAKE CITY, UT 84115		
2. Principal Place of Business		3. Mailing Address 1312 N. Scottsdale Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Scottsdale AZ			
Zip	Country	Zip 85257	Country	4. FEI Number 84-1430786	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DOWDY, RON 420 LAWDALE DRIVE SALT LAKE CITY, UT 84115	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHEATON, ROBERT E 420 LAWDALE DRIVE SALT LAKE CITY, UT 84115	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHADT, THOMAS G 638 5TH STREET, #2 HERMOSA BEACH, CA 90254	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, PHILLIP 2902 FOREST CLUB DRIVE PLANT CITY, FL 33567	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLOYD, JACK M 420 LAWDALE DRIVE SALT LAKE CITY, UT 84115	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEATON, CRAIG 4101 LAKE BOONE TRAIL RALEIGH, NC 276076519	<input type="checkbox"/> Delete			
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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3-8-2006	Daytime Phone # 480-425-0397