


2005-FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L81077 1. Entity Name WILT CHAMBERLAIN'S RESTAURANTS, INC.	
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Principal Place of Business % CHARLES J. AVERBOOK 7777 GLADES RD., SUITE 310 BOCA RATON, FL 33434-4195	Mailing Address % CHARLES J. AVERBOOK 7777 GLADES RD., SUITE 310 BOCA RATON, FL 33434-4195
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01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0205827	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHMIER, ROBERT J. 7777 GLADES RD. SUITE 310 BOCA RATON, FL 33434

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000343966 04/29/05-R0119-009 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOLDBERG, SEYMOUR 13470 WASHINGTON BLVD. #201 MARINA DEL REY, CA 90292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LOPEZ, KATHRYN A 7777 GLADES RD., STE. 310 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVCS AVERBOOK, CHARLES J. 7777 GLADES RD, STE 310 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SCHMIER, ROBERT J. 7777 GLADES RD, STE 310 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Robert J. Schmier, Pres.	April 28, 2005 Date	361-483-8400 Daytime Phone #
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