

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000031327

FILED
Jan 19, 2006
Secretary of State

Entity Name: GOURMET MOBILE RESTAURANTS, INC.

Current Principal Place of Business:

4850 ST JAMES AVENUE
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

300 FIFTH AVENUE SOUTH
101-200
NAPLES, FL 34102

New Mailing Address:

FEI Number: 65-0980215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATTS, RENITA
4850 SAINT JAMES AVE
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: LYONS, TOM
Address: 8301 OAKRIDGE
City-St-Zip: SHERWOOD, AR 72120

Title: PD () Delete
Name: LYONS, JUDY
Address: 8301 OAKRIDGE
City-St-Zip: SHERWOOD, AR 72120

Title: VD () Delete
Name: CULPEPPER, JASON
Address: 7310 WESTRIDGE CIRCLE
City-St-Zip: SHERWOOD, AR 72120

Title: STD () Delete
Name: DAVIS, RON
Address: 311 BOBWHITE ROAD
City-St-Zip: LONOKE, AR 72086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM LYONS

CD

01/19/2006

Electronic Signature of Signing Officer or Director

_____ Date