


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000069526</b> 1. Entity Name <b>LUNCH OR DINNER, INC.</b>	
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Principal Place of Business <b>12101 CRESCENT COVE COURT WINDERMERE, FL 34786</b>	Mailing Address <b>12101 CRESCENT COVE COURT WINDERMERE, FL 34786</b>
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04022005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3659124</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>BOZZUTO, JACQUELINE 215 NORTH EOLA DRIVE ORLANDO, FL 32801</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 re-listing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000300511 04/12/05-80023-002 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT RIVERS, JOHNNY 12101 CRESCENT COVE COURT WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS BROOKS, STEPHEN M 12101 CRESCENT COVE COURT WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS WILLIAMS, VANDEL 12101 CRESCENT COVE COURT WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_