

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000097923

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: FIRST DINER, CORP.

**Current Principal Place of Business:**

1715 W. CLEVELAND ST.  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 3277  
TAMPA, FL 336013277

**New Mailing Address:**

FEI Number: 59-3754216

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LANGFORD, E. C  
1715 WEST CLEVELAND STREET  
TAMPA, FL 33606 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: DP ( ) Delete  
Name: HAINES, WILLIAM L  
Address: 120 FIFTH AVE., 11TH FL  
City-St-Zip: NEW YORK, NY 10011

Title: V ( ) Delete  
Name: LANGFORD, E.C.  
Address: 1715 W. CLEVELAND ST.  
City-St-Zip: TAMPA, FL 33606

Title: DS ( ) Delete  
Name: SHARKEN, RICHARD  
Address: 120 FIFTH AVE., 11TH FL  
City-St-Zip: NEW YORK, NY 10011

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: DS (X) Change ( ) Addition  
Name: HAINES, NICHOLAS  
Address: 120 FIFTH AVE., 11TH FL  
City-St-Zip: NEW YORK, NY 10011

I hereby certify that the information supplied with this filing does not qualify 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: NICHOLAS HAINES

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01/16/2009

Electronic Signature of Signing Officer or Director

Date