2004 FOR PROFIT CORPORATION

Sep 23, 2004 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # P02000128946** 09-23-2004 90001 021 ***158.75 DINNER IS SERVED. INC. Principal Place of Business Mailing Address 1930 LAND O' LAKE BLVD 1930 LAND O' LAKE BLVD 2408618û **STE 19 STE 19 LUTZ, FL 33549** LUTZ, FL 33549 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06302004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 06-1665198 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EDWARDS, VIRGINIA R Street Address (P.O. Box Number is Not Acceptable) 1930 LAND O' LAKES BLVD **STF 19** LUTZ, FL 33549 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Election Campaign Financing FILE NOW!!! FEE IS \$150,00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 8, 2004 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP Delete TITLE Chappe Addition EDWARDS, VIRGINIA R NAME NAME 3133 BANYAN HELL LANE STREET ADDRESS 23509 BERMUDA BAY COURT STREET ADDRESS CITY-ST-ZIP LAND O'LAKES, FL 34639 CITY-ST-ZIP LAND OLAKES, FL 34639 TITLE ST TITLE Change ■ Addition PYLE, MARY E NAME NAME 3133 BANYAN HILL LANG STREET ADDRESS 23509 BERMUDA BAY COURT STREET ADDRESS CITY-ST-ZIP LAND O'LAKES, FL 34639 CITY-ST-ZIP LAND O'LAKES, FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITE F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ... TITI F NA A B FRANKTE SOCCE ☐ Change Addition NAME FBS 670 ABORDS NÀMÉ STREET ADDRESS STREET ADDRESS < १८ ५ **११६८/१६**ए३ हे १११ व्यक्त CITY-ST-ZIP CITY-ST-ZIP 3-1

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

9-20.04

949-0686

FILED