


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000003029
 1. Entity Name
KINGS PLACE DINER INC.



Principal Place of Business
**7366 LAKE WORTH ROAD
 LAKE WORTH, FL 33467**

Mailing Address
**7366 LAKE WORTH ROAD
 LAKE WORTH, FL 33467**



04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0813113 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KAROUNOS, WILLIAM S
 7366 LAKE WORTH ROAD
 LAKE WORTH, FL 33467**

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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 reappointing) 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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KAROUNOS, WILLIAM S
STREET ADDRESS	7366 LAKE WORTH ROAD
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	D
NAME	CORNACCHIA, ANGELO
STREET ADDRESS	7366 LAKE WORTH ROAD
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	D
NAME	LOMBARDO, SALVADOR
STREET ADDRESS	7366 LAKE WORTH ROAD
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/05/05-80022-023 150.00

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12. I hereby certify that the information supplied with this filing 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: William S Karounos **4-29-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #