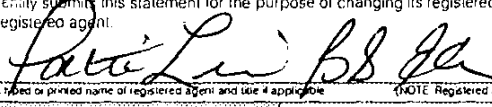
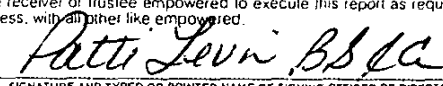


2007 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90031 044 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                |                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------|----------------------|
| DOCUMENT # <b>P03000038446</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                               |                      |
| 1. Entity Name<br><b>T+S RESTAURANTS INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                                                                                                |                      |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                |                      |
| 2. Principal Place of Business<br><b>381 E BURLINGHAM BLVD</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      | 3. Mailing Address<br><b>381 E BURLINGHAM BLVD</b><br>Suite, Apt. #, etc.                                      |                      |
| City & State<br><b>TAVARES, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      | City & State<br><b>TAVARES, FL</b>                                                                             |                      |
| Zip<br><b>32778</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Country<br><b>US</b> | Zip<br><b>32778</b>                                                                                            | Country<br><b>US</b> |
| 4. FEI Number<br><b>P03000038446</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      | Applied For<br>Not Applicable                                                                                  |                      |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      | \$8.75 Additional Fee Required                                                                                 |                      |
| 7. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                |                      |
| Name <b>PATTI LEVIN BS EA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                                                                                                |                      |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>1250 MT. HURON RD, STE 3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                                                                                                |                      |
| City <b>EUSTIS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      | FL Zip Code <b>32726</b>                                                                                       |                      |
| 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  <b>Patti Levin BS EA</b><br><small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)</small> DATE _____                                                                                                                                                                                                                                                                                                                            |                      |                                                                                                                |                      |
| January 1 - May 1 Fee is \$150.00<br>After May 1, Fee is \$550.00<br>Amended UBR is \$61.25<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |                      |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                                                                                                |                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><b>PRESIDENT<br/>TODD WHITMORE<br/>33943 SECRET HILL DR<br/>LEESBURG, FL 34788</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                               |                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><b>VICE PRESIDENT<br/>SHARON WHITMORE<br/>33943 SECRET HILL DR<br/>LEESBURG, FL 34788</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                               |                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                               |                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                               |                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                               |                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                               |                      |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                |                      |
| 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 on an attachment with an address, with all other like empowered. |                      |                                                                                                                |                      |
| SIGNATURE:  <b>Patti Levin BS EA</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                              |                      | Date <b>5/1/07</b> (353) 357-0007<br><small>Daytime Phone #</small>                                            |                      |

C-2007048 02/07