


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000078803 1. Entity Name RESTAURANT NET PROFIT, INC.	
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Principal Place of Business 1801 SOUTH FEDERAL HIGHWAY SUITE #216 DELRAY BEACH, FL 33483 US	Mailing Address 1801 SOUTH FEDERAL HIGHWAY SUITE #216 DELRAY BEACH, FL 33483 US
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04112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2676715	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARLSON, JIM 1801 S. FEDERAL HWY # 216 DELRAY BEACH, FL 33483	DO NOT WRITE IN THIS SPACE
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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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000941508 05/28/08-80108-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT DAVIS, REAGAN 1801 SOUTH FEDERAL HIGHWAY DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO CARLSON, JAMES 1801 SOUTH FEDERAL HIGHWAY DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CARLSON, JAMES 1801 SOUTH FEDERAL HIGHWAY DELRAY BEACH, FL 33483
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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 exemptions contained 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 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 another like empowered.

SIGNATURE:  **4-28-08** **561-573-5762**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #