## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000053937

Entity Name: DINING CONCEPTS USA, INC.

STANKOSKI, MICHAEL

2421 S.E. DIXIE HWY

STUART, FL 34996

Name:

Address:

City-St-Zip:

FILED May 09, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1490 SOUTH MILITARY TRAIL SUIT 6 WEST PALM BEACH, FL 33415 **New Mailing Address: Current Mailing Address:** 1490 SOUTH MILITARY TRAIL SUIT 6 WEST PALM BEACH, FL 33415 FEI Number: 13-4276793 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: MORGAN, TAYLOR WILLIAMS, EVE M 1490 SOUTH MILITARY TRAIL 1490 SOUTH MILITARY TRAIL SUIT 6 SUIT 6 WEST PALM BEACH, FL 33415 US WEST PALM BEACH, FL 33415 US 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: EVE M. WILLIAMS 05/09/2005 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition KORKER, COURTLAND T Name: Name: 2421 S.E. DIXIE HWY Address: Address: City-St-Zip: STUART, FL 34996 City-St-Zip: Title: VΡ Title: PRES ( ) Delete (X) Change ( ) Addition Name: WILLIAMS, EVE Name: WILLIAMS, EVE 1490 S. MILITARY TRAIL 1490 S. MILITARY TRAIL Address: Address: WEST PALM BEACH, FL 33415 WEST PALM BEACH, FL 33415 City-St-Zip: City-St-Zip: Title: (X) Delete Title: () Change () Addition KORKER, FRED Name: Name: 2421 S.E. DIXIE HWY Address: Address: City-St-Zip: STUART, FL 34996 City-St-Zip: ( ) Delete Title: VΡ Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: EVE M. WILLIAMS **PRES** 05/09/2005