

2005 FOR PROFIT CORPORATION ANNUAL REPORT


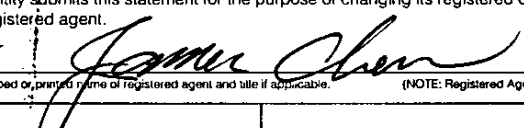
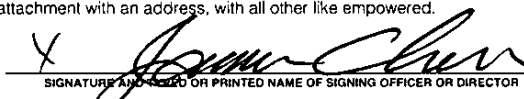
FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90316 039 ***150.00

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01252005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000109172			
1. Entity Name TEPPAN HOUSE, INC.			
Principal Place of Business 4592 WEST IRLO BRONSON HWY KISSIMMEE, FL 34746		Mailing Address 5100 OLD HOWELL BRANCH RD WINTER PARK, FL 32792	
2. Principal Place of Business		3. Mailing Address 4592 W Irlo Bronson	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Kissimmee FL	
Zip	Country	Zip 34746	Country
4. FEI Number 20-1401538		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SIU, RACHEL 5100 OLD HOWELL BRANCH ROAD WINTER PARK, FL 32792		Name James Chen	
		Street Address (P.O. Box Number is Not Acceptable) 4951 Lake Cecil Dr	
		City Kissimmee	
		FL Zip Code 34746	
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 X 		DATE 1/25/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEN, JAMES 4951 LAKE CECIL DR KISSIMMEE, FL 34746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: X 		Date 1/25/05	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	