2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000112714

Entity Name: MAMA NEM'S RESTURANT, INC.

MCKNIGHT, JONATHAN

ORLANDO, FL 32811

801 SOUTH KIRKMAN ROAD, SUITE 106

Name:

Address:

City-St-Zip:

FILED Aug 21, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 801 SOUTH KIRKMAN ROAD SUITE 106 ORLANDO, FL 32811 **New Mailing Address: Current Mailing Address:** 801 SOUTH KIRKMAN ROAD SUITE 106 ORLANDO, FL 32811 FEI Number: 20-3297121 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANDERSON AND ASSOCIATES, P.A. ANDERSON AND ASSOCIATES, P.A. 805 SOUTH KIRKMAN ROAD 654 PUTNAM AVENUE ORLANDO, FL 32801 SUITE 204 ORLANDO, FL 32801 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: 08/21/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete Title: () Change () Addition MCKNIGHT, JONATHAN Name: Name: 801 SOUTH KIRKMAN ROAD, SUITE 106 Address: Address: City-St-Zip: ORLANDO, FL 32811 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: MCKNIGHT, JONATHAN Name: 801 SOUTH KIRKMAN ROAD, SUITE 106 Address: Address: ORLANDO, FL 32811 City-St-Zip: City-St-Zip: () Delete Title: Title: SEC () Change () Addition MCKNIGHT, JONATHAN Name: Name: 801 SOUTH KIRKMAN ROAD, SUITE 106 Address: Address: City-St-Zip: ORLANDO, FL 32811 City-St-Zip: Title: TREA () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JONATHAN L MCKNIGHT **PRES** 08/21/2008