

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000132184

FILED
Apr 27, 2006
Secretary of State

Entity Name: DAMN MAMA RESTAURANT, INC.

Current Principal Place of Business:

14675 N.E. 6 AVE APT. 133
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

14675 N.E. 6 AVE APT. 133
NORTH MIAMI, FL 33161

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAINT GERARD, PATRICIA
14675 N.E. 6 AVE APT. 133
NORTH MIAMI, FL 33161 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAINT GERARD, PATRICIA
Address: 14675 N.E. 6 AVE APT. 133
City-St-Zip: NORTH MIAMI, FL 33161

Title: VP () Delete
Name: BERNARD, JAMES
Address: 1805 SANS SOUCI BLVD
City-St-Zip: NORTH MIAMI, FL 33181

Title: D () Delete
Name: PIERRE, KERLYNE
Address: 19760 N.E. 10TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D () Delete
Name: AUGUSTE, NELLIE
Address: 573 S.W. 10TH STREET
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

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

SIGNATURE: PATRICIA SAINT GERARD

P

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date