


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90048 015 ***150.00

DOCUMENT # P05000147892	
1. Entity Name EVERYBODY'S BRUNCH PLACE, INC.	

Principal Place of Business 18900 TAMIAMI TRAIL NORTH N FT MYERS FL 33903	Mailing Address 18900 TAMIAMI TRAIL NORTH N FT MYERS FL 33903
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2. Principal Place of Business 18900 TAMIAMI TRAIL N	3. Mailing Address 18900 TAMIAMI TRAIL N
Suite, Apt. #, etc. #3	Suite, Apt. #, etc. #3
City & State N. Ft. Myers, FL	City & State N. Ft. Myers, FL
Zip 33903	Zip 33903
Country USA	Country USA



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent DE LODDER, EDWARD P 701 SW 39TH TERR CAPE CORAL FL 33914	
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4. FEI Number 20-3718905	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 Edward C. Prudhomme DeLodder	DATE 2-1-06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP	<input type="checkbox"/> Delete	TITLE DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DE LODDER, EDWARD P		NAME Edward Prudhomme DeLodder	
STREET ADDRESS 701 SW 39TH TERR		STREET ADDRESS SAME NAME is incorrect	
CITY-ST-ZIP CAPE CORAL FL 33914		CITY-ST-ZIP	
TITLE VS	<input type="checkbox"/> Delete	TITLE VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DE LODDER, WANDA P		NAME Wanda Prudhomme DeLodder	
STREET ADDRESS 701 SW 39TH TERR		STREET ADDRESS ALL ONE WORD!	
CITY-ST-ZIP CAPE CORAL FL 33914		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.	
SIGNATURE Wanda Prudhomme DeLodder	DATE 2/1/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone # 239-567-0300	