## 2007 FOR PROFIT CORPORATION

changed, or on an attachment with an address, with all other like

SIGNATURE AND TYPED OR PRINTED NAME OF

## Aug 17, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P06000052878 08-17-2007 90029 038 \*\*\*158.75 1. Entity Name DINNER WITH FRIENDS, INC. Principal Place of Business 40129410 Mailing Address 3660 ROTHBURY DRIVE 3660 ROTHBURY DRIVE ORLANDO, FL 32812 ORLANDO, FL 32812 rincipal Place of Business - No P.O. Box # 3. Mailing Address 2762 E. Colonial 2762 E. Colonial Drive Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 07122007 City & State Applied For & State 4. FEI Number 333 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOSKOWITZ, DEBORAH L ESQ. 8427 SOUTH PARK CIRCLE SUITE 100 ORLANDO, FL 32819 8. The above named entity submits his 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 SIGNATURE ame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. П corporation did not receive the prior notice. Due by September 14, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIFLE ☐ Delete TITLE Change NAME PHILLIPS, RONALD D NAME STREET ADDRESS 3660 ROTHBURY DRIVE STREET ADDRESS ORLANDO, FL 32812 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TiTLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ 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 Chapter 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 his separat as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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