## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000087635

BIRCHENOUGH, RITA N

17247 MALTA AVENUE

PORT CHARLOTTE, FL 33954

Name:

Address: City-St-Zip:

Entity Name: MY DINNER FACTORY FRANCHISE SYSTEMS, INC.

FILED Mar 12, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8526 MANDERSTON COURT FORT MYERS, FL 33912 **Current Mailing Address: New Mailing Address:** 8526 MANDERSTON COURT FORT MYERS, FL 33912 FEI Number: 22-3936733 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GIEBELS-BIRCHENOUGH, MARCI 8526 MANDERSTON COURT FORT MYERS, FL 33912 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition GIEBELS-BIRCHENOUGH, MARCI Name: Name: 8526 MANDERSTON COURT Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: BIRCHENOUGH, RITA N Name: 17247 MALTA AVENUE Address: Address: PORT CHARLOTTE, FL 33954 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () 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: RITA N. BIRCHENOUGH S/T 03/12/2008