200\$ FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P06000135927 06-02-2008 90002 021 ***150.00 DALÉ RESTAURANTS, INC. Principal Place of Business Mailing Address C/O CENTRAL FLORIDA INTL INVESTMENTS, INC. C/O CENTRAL FLORIDA INTL INVESTMENTS, INC. 7021 GRAND NATIONAL DRIVE STE 106 7021 GRAND NATIONAL DRIVE STE 106 ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1333 W. BROWNDAY Suite, Apt. #, etc. Suite, Apt. #, etc. 03122007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For OVIENO OVIES Not Applicable Country USA 32765 Country \$8.75 Additional 5. Certificate of Status Desired ЬŚА Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHRISTEN SVENDSEN, CHRISTEN Street Address (P.O. Box Number is Not Acceptable C/O CENTRAL FLORIDA INTL INVESTMENTS, INC. 7021 GRAND NATIONAL DRIVE STE 106 ORLANDO, FL. 32619 7061 GRAND NATIL DR. Zip 500 819 ORLANDO 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 Signature, type r printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE K Change Addition Delete NAME DALE, STANLEY NAME 35 ST. MARTIN'S RD, DEAL, KENT CT14 9NX 33901 YEVICE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP UNITED KINGDOM. CITY-ST-ZIP TITLE ☐ Delete MLE ☐ Addition DALE, MICHAEL "MICK" NAME NAME STREET ADDRESS 2 CRANSWICK COTTAGES, VALE RD, RIPPLE, NRDEAL STREET ADDRESS CITY-ST-ZIP KENT CT 14 8JD UNITED KINGDO. CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME 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 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 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.

S DALE

SIGNATURE:

FILED

Jun 02, 2008 8:00 am

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