

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000017061

Entity Name: DINE IDEAS, INC.

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

501 KNIGHTS RUN AVENUE, # 4109  
TAMPA, FL 33602

**New Principal Place of Business:**

501 KNIGHTS RUN AVENUE  
# 4109  
TAMPA, FL 33602

**Current Mailing Address:**

501 KNIGHTS RUN AVENUE, # 4109  
TAMPA, FL 33602

**New Mailing Address:**

501 KNIGHTS RUN AVENUE  
# 4109  
TAMPA, FL 33602

FEI Number: 36-4671529

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BERNSTEIN, JAMES  
501 KNIGHTS RUN AVENUE, # 4109  
TAMPA, FL 33602 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: BERNSTEIN, HOWARD  
Address: 225 S. SHADOWBAY BLVD.  
City-St-Zip: LONGWOOD, FL 32779

Title: DST  
Name: BERNSTEIN, JAMES  
Address: 501 KNIGHTS RUN AVENUE, # 4109  
City-St-Zip: TAMPA, FL 33602

Title: D  
Name: BERNSTEIN, GLADYS  
Address: 225 S. SHADOWBAY BLVD.  
City-St-Zip: LONGWOOD, FL 32779

I hereby 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 all other like empowered.

SIGNATURE: JAMES P. BERNSTEIN

DST

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date