2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 05, 2007 08:00 AN **Secretary of State** DOCUMENT # P93000054616 1. Entity Name BAGEL TIME RESTAURANT INC. Principal Place of Business Mailing Address 23277 LAGO MAR CIRCLE 23277 LAGO MAR CIRCLE BOCA RATON, FL 33433 BOCA RATON, FL 33433 02282007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0489016 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIGIORGIO, ANTHONY S.R. DO NOT WRITE 23277 LAGO MAR CIRCLE BOCA RATON, FL 33433 IN THIS SPACE 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and file if applicable (NOTE Registered Agent soggeture required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE DIGIORGIO, ANTHONY SR. NAME 23277 LAGO MAR CIRCLE STREET ACIDRESS CITY-ST-ZIP BOCA RATON, FL 33433 DIGIORGIO, ANTHONY JR. U00000655035 03/13/07-80087-021 150.00 NAME STREET ADDRESS 23277 LAGO MAR CIRCLE CATY-ST-ZIP BOCA RATON, FL 33433 THE DIGIORGIO, MICHAEL NAME 23277 LAGO MAR CIRCLE STREET ADDRESS DO NOT WRITE BOCA RATON, FL 33433 CITY-ST-ZIP IN THIS SPACE TITLE DIGIORGIO, FRANK STREET ADDRESS 23277 LAGO MAR CIRCLE CITY-ST-ZIP BOCA RATON, FL 33433 TITLE NAME STREET ADDRESS 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 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 attach

OR DIRECTOR

SIGNATURE:

TITLE NAME STREET ADORESS

Davima Phone #

FILED