2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000022093

Name:

Address:

City-St-Zip:

SWAFFORD, JEFFREY

MAUMEE, OH 43537

1540 S. HOLLAND-SYLVANIA RD

FILED Jan 04, 2007 Secretary of State

Entity Nar	ne: RESTAI	URANT CON	NSULTING SERVICE	ES, INC.				
Current Principal Place of Business:				New Principal Place of Business:				
5 ISLA BAH FORT LAU	HIA DRIVE IDERDALE, I	FL 33316	US					
Current Mailing Address:				New Maili	New Mailing Address:			
1540 S. HOLLAND-SYLVANIA RD MAUMEE, OH 43537 US				6135 TRUST DRIVE - SUITE 115 HOLLAND, OH 43528 US				
FEI Number:	65-0568951	FEI Numb	er Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
2731 EXEC SUITE 4 WESTON,	of Florida.	JS	s statement for the p	urpose of changing i	ts register	ed office or registered agent, or both,		
	Electro	onic Signatur	re of Registered Age	nt		Date		
Election Can	npaign Financi	ng Trust Fund	Contribution ().					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD (BENNETT, RO 5 ISLA BAHIA FT. LAUDERI	DRIVE		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	MOULIN, PAT	_AND SYLVANI	A ROAD	Title: Name: Address: City-St-Zip:	6135 TRU	(X) Change()Addition PATRICK T ST DRIVE - STE 115 , OH 43528		
Title:	VP () Delete		Title:	VP	(X) Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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:

SWAFFORD, JEFFREY S

HOLLAND, OH 43528

6135 TRUST DRIVE - STE 115

SIGNATURE: PATRICK T. MOULIN Τ 01/04/2007