2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000026674 1. Entity Name GREEN BROTHERS DINING INC

FILED Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business

425 EAST EAU GALLIE CORSE WAY MELBOURNE FL 32901

Mailing Address

6040 DUTCHMANS LANE STE 400 LOUISVILLE, KY 40205



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Applied For 4. FEI Number 59-3390816 Not Applicable \$8.75 Additional

5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE DO NOT WRITE

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. SIGNATUPE	WESTON,	FL 33331				THIS SPAC	Œ				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ITIE NAME NAME SIRETI ADDRESS CITY-S1-ZIP TILE NAME SIRETI ADDRESS CITY-S1-ZIP TILE TILE NAME SIRETI ADDRESS CITY-S1-ZIP TILE TILE NAME SIRETI ADDRESS CITY-S1-ZIP TILE TILE TILE TILE NAME SIRETI ADDRESS CITY-S1-ZIP TILE TILE TILE TILE TILE TILE TILE TILE	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.										
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.	SIGNATURE	Signature, typed or printed name of registered agent and bits if	applicable (NOTE: Registered	d Agent signature	iont signature required when reinstating)		DATE				
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12. Thereby 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 ac-

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP