2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000088388

Entity Name: HMS STEAKHOUSE OF CLEARWATER, INC

FILED Apr 30, 2008 Secretary of State

Entity Na	me: HMSSIE	EAKHOUSE OF CLEARWATE	:R, INC.		
Current Principal Place of Business:			New Principal Place of Business:		
	HIGHWAY 19 ATER, FL 346				
Current Mailing Address:			New Mailing Address:		
4744 N. D. TAMPA, F	ALE MABRY H L 33614 US				
FEI Number	: 59-3410473	FEI Number Applied For()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	l Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
PIPER RU 101 E KEN TAMPA, F The above	/, RONALD ESIDNICK LLP NNEDY BLVD, L 336025149 ■ named entity ■ of Florida.	STE 2000 US	purpose of changing i	its registered office or registered agent, or both	
SIGNATUI	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	BLOOM, HYMA 4770 KENT AV		Title: Name: Address: City-St-Zip:	D (X) Change () Addition BLOOM, HYMAN 4770 KENT AVE SUITE 100 MONTREAL, QC H3W 1H2 CA	
Title: Name: Address: City-St-Zip:	DUBROVSKY, 4770 KENT AV		Title: Name: Address: City-St-Zip:	DVP (X) Change () Addition MCGRATH, ALEXANDER S 200 STATE STREET BOSTON, MA 02109 US	
Title: Name: Address: City-St-Zip:	DP (SELTZER, MIC 4744 NORTH D TAMPA, FL 33	ALE MABRY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS (COX, KEN 4744 N DALE N TAMPA, FL 33		Title: Name: Address: City-St-Zip:	AS (X) Change () Addition KAHELIN, SALLY 4744 N DALE MABRY HWY TAMPA, FL 33614 US	
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	S () Change (X) Addition MOUNTFORD, JOHN 4744 N DALE MABRY TAMPA, FL 33614	

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

SIGNATURE: MICHAEL SELTZER DP 04/30/2008