2007 FOR PROFIT CORPORATION

SIGNATURE:

Apr 12, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P98000022503** THESA RESTAURANTS CORP. Mailing Address Principal Place of Business 11911 WARFIELD ST 11911 WARFIELD ST SAN ANTONIO, TX 78216 SAN ANTONIO, TX 78216 04022007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0834176 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LONDON, SHELDON M DO NOT WRITE 10950 NW 3RD ST. PLANTATION, FL 33324 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 familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 U00000703592 04/20/07-80147-006 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME ST. JUSTE, ROBESPIERRE 825 W. BITTERS ROAD, #204 STREET ADDRESS CITY-ST-ZIP SAN ANTONIO, TX 78216 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS ·CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP of this tyng does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information is true and accumule and that my signature shall have the same legal effect as if made under oath; that I am an officer or director powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if said other like empowered. 12. I hereby certify that the information supplied we indicated on this report or supplemental report of the corporation or the receiver or truefee employed changed, or on an attachment with an adoless.

PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

FILED