


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # P99000010311 1. Entity Name DINING DESIGNS OF AMERICA INC.	
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Principal Place of Business P O BOX 970607 BOCA RATON, FL 33497-0607	Mailing Address P O BOX 970607 BOCA RATON, FL 33497-0607
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02132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0895517	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FRANKEL, NOEL 10601 SANTA LAGUNA DR. BOCA RATON, FL 33428

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANKEL, NOEL 10601 SANTA LAGUNA DR. BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANKEL, FLO 10601 SANTA LAGUNA DR. BOCA RATON, FL 33428
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03/29/05-80001-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 address, with all other like empowered.

SIGNATURE: Noel Frankel **NOEL FRANKEL** 2/14/05 561-470-8687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #