2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 14, 2008
Secretary of State

DOCUMENT# P99000076564

Entity Name: HMS STEAKHOUSE OF ST. PETE, INC.

Current Principal Place of Business:

3500 TYRONE BLVD
ST PETERSBURG, FL 33710 US

New Principal Place of Business:

Current Mailing Address:

4744 NORTH DALE MABRY HIGHWAY
TAMPA, FL 33614 US

New Mailing Address:

FEI Number: 59-3655222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLLIDAY, RONALD ESQ
PIPER RUDNICK, LLP
101 E KENNEDY BLVD., STE 2000
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

KAHELIN, SALLY
4744 N DALE MABRY HWY
TAMPA, FL 33614 US

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.

SIGNATURE: SALLY KAHELIN 07/14/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SELTZER, MICHAEL
Address: 4744 NORTH DALE MABRY
City-St-Zip: TAMPA, FL 33614 US

Title: D ( ) Delete
Name: BLOOM, HYMAN
Address: 4770 KENT AVE, STE 100
City-St-Zip: MONTREAL, QC H3W 1H2 CA

Title: DVP (X) Delete
Name: MCGRATH, ALEXANDER S
Address: 200 STATE STREET
City-St-Zip: BOSTON, MA 02109 US

Title: AS (X) Delete
Name: KAHELIN, SALLY
Address: 4744 N DALE MABRY
City-St-Zip: TAMPA, FL 33614 US

Title: S (X) Delete
Name: MOUNTFORD, JOHN
Address: 4744 N DALE MABRY
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: MOUNTFORD, JOHN
Address: 4744 NORTH DALE MABRY
City-St-Zip: TAMPA, FL 33614 US

Title: S (X) Change ( ) Addition
Name: KAHELIN, SALLY
Address: 4744 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33614 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SALLY KAHELIN S 07/14/2008
Electronic Signature of Signing Officer or Director Date