## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S96153

Entity Name: NOODLES CAFE, INC

FILED Jan 16, 2005 Secretary of State

|   |  | 0 0/11 2, 11 10.               |   |  |  |
|---|--|--------------------------------|---|--|--|
| Current Principal Place of Business:          |  |                                | New Principal P                             | New Principal Place of Business:             |  |
| 2059 PINE RIDGE RD<br>NAPLES, FL 34109        |  |                                |   | 1585 PINE RIDGE RD<br>NAPLES, FL 34109       |  |
| Current Mailing Address:                      |  |                                | New Mailing Add                             | New Mailing Address:                         |  |
| 2059 PINE RIDGE RD<br>NAPLES, FL 34109        |  |                                |   | 1585 PINE RIDGE RD<br>NAPLES, FL 34109       |  |
| FEI Number                                    | : 65-0295163   | FEI Number Applied For()       | FEI Number Not Applicable (                 | ) Certificate of Status Desired ( )          |  |
| Name and Address of Current Registered Agent: |  |                                | Name and Addre                              | Name and Address of New Registered Agent:    |  |
| SUITE 203<br>NAPLES, I                        | DLETTE ROAD 3 FL 34102 US 9 named entity 9 9 of Florida. |                                | ourpose of changing its regis               | stered office or registered agent, or both,  |  |
| Electronic Signature of Registered Agent      |  |                                | ent   | Date   |  |
| Election Car                                  | mpaign Financing   | g Trust Fund Contribution ( ). |   |  |  |
| OFFICERS AND DIRECTORS:                       |  |                                | ADDITIONS/CHA                               | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | P ( )<br>BERMAN, MAT<br>5355 CORAL W<br>NAPLES, FL 3     | OOD DRIVE                      | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | S ()<br>BERMAN, CAR<br>5355 CORAL W<br>NAPLES, FL 3      | OOD DRIVE                      | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VP ()<br>SETH, BERMAN<br>4560 5TH AVEN<br>NAPLES. FL 3   | IUE SW                         | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARRIE L. BERMAN S 01/16/2005