## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2006 08:00 AM Secretary of State

1. Entity Nam	MENT #V54235 DINER, INC.					v	
Principal Plac HIGHWAY 98 DESTIN, FL		Mailing Address 1217 ARPORT ROAD SUITE 419 DESTIN, FL 32541 US					
DO NOT WRITE IN THIS SPAC				03Z92006 4. FE(Numb 59-313	No Chg-P	CRZE034 (11/05)  Applied in the Appl	licable
6. Name and Address of Current Registered Agent  PHILLIPS, RUPERT E 1713 GIANT SYCAMORE LANE BAKER, FL 32531				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, special process profiled name of registered agent and rise if Applicable (NOTE, Registered Agent approache required when reinstatura)  DATE							
FILE NOWIN FEE IS \$150,00 After May 1, 2006 Fee will be \$550.00  S. Election Campaign Financia Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10. HITLE HAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI PHILLIPS, RUPERT E P.O BOX 219 BAKER, FL 32531	RECTORS			Trü0000	535658 80063-005 150.00	
TITLE MAME STREET ADDRESS GITY-SI-ZIP					05/0 <b>8/05</b> -	80063-005 150 <b>.</b> 00	}
name Street address City - St-Zip			DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY -ST -ZIP				IN '	THIS SF	PACE	
tatle name street address caty-st-zip							
FITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter (19, 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 justee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if							

ENHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR