2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # V73583 1. Entity Name HARVEY'S BISTRO, INC. Principal Place of Business Mailing Address - P.O. BOX 2066 -390 N. ORANGE AVENUE WINTER PARK, FL 32790-2066 US ORLANDO, FL 3280T 02282006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3147883 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SALTSMAN, ROBERT P 222 S. PENNSYLVANIA AVENUE SUITE 200 IN THIS SPACE WINTER PARK, FL 32789 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 Signature, typod or printed name of registered agent and time it applicable (NOTE: Registered Agent signature required when reinstating) HURLEN462239 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 03/21/06-80028-011 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE VALDES, HAL NAME 2215 TRADEPORT DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32824 PACE, ANTHONY S NAME 2215 TRADEPORT DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32824 TITLE NAME GARCIA, M.A. III 601 N NEW YORK AVE SUITE 200 STREET ADDRESS DO NOT WRITE GITY-ST-21P WINTER PARK, FL 32789 IN THIS SPACE TITLE NAME BARKETT, RUSSELL 601 N NEW YORK AVE SUITE 200 STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZP TILE NAME STREET ADORESS 12. I hereby certily that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certity 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 all address, with all other like empowered

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 09, 2006 08:00 AM

Davime Phone #