

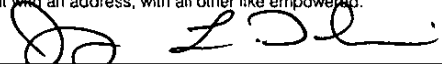


**2005 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**FILED**  
JUN 15 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F0100002864</b>							
1. Entity Name <b>MAGGIANO'S/CORNER BAKERY HOLDING CORPORATION</b>							
Principal Place of Business <b>6820 LBJ FREEWAY DALLAS, TX 75240</b>		Mailing Address <b>6820 LBJ FREEWAY DALLAS, TX 75240</b>					
2. Principal Place of Business		3. Mailing Address		 06092005    Chg-P    CR2E034 (10/03)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>75-2375448</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b>			Zip Code
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 _____							
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD THOMSON, ROGER F 3925-A GILBERT AVE. DALLAS, TX 75219	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President, Treasurer &amp; Asst. Sec.</b> Bryan D. McCrory 10905 Cactus Lane Dallas, TX 75238			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SONSTEBY, CHARLES M 607 CANEMOUNT COPPELL, TX 75019	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President &amp; Asst. Sec.</b> Jeffrey Hoban 1004 Allen Street Dallas, TX 75204			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS TOBIN, JAY L 7114 MCKAMY BLVD. DALLAS, TX 75248	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100056213121</b> 06/15/05--01043--002    **\$61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RICHARD, LAURA C 6820 LBJ FRWY DALLAS, TX 75240	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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: 		6-7-05    972-980-9917					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Jay L. Tobin</b>		Date    Daytime Phone #					