

United States Bankruptcy Court
Eastern District of Michigan, Southern Division-FLINT

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle):
Farmhouse Restaurants Inc.

Name of Joint Debtor (Spouse) (Last, First, Middle):

All Other Names used by the Debtor in the last 8 years
(include married, maiden, and trade names):
DBA Farmhouse Family Restaurants

All Other Names used by the Joint Debtor in the last 8 years
(include married, maiden, and trade names):

Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all)
27-0071534

Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all)

Street Address of Debtor (No. & Street, City, and State):
282 S. Main St.
Lapeer, MI
ZIP Code
48446-2425

Street Address of Joint Debtor (No. & Street, City, and State):
ZIP Code

County of Residence or of the Principal Place of Business:
Lapeer

County of Residence or of the Principal Place of Business:

Mailing Address of Debtor (if different from street address):
ZIP Code

Mailing Address of Joint Debtor (if different from street address):
ZIP Code

Location of Principal Assets of Business Debtor
(if different from street address above):

Type of Debtor (Form of Organization)
(Check one box)
[] Individual (includes Joint Debtors)
[X] Corporation (includes LLC and LLP)
[] Partnership
[] Other (If debtor is not one of the above entities, check this box and provide the information requested below.)
State type of entity:

Nature of Business
(Check all applicable boxes.)
[] Health Care Business
[] Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B)
[] Railroad
[] Stockbroker
[] Commodity Broker
[] Clearing Bank
[] Nonprofit Organization qualified under 26 U.S.C. § 501(c)(3)

Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)
[] Chapter 7 [X] Chapter 11 [] Chapter 15 Petition for Recognition of a Foreign Main Proceeding
[] Chapter 9 [] Chapter 12 [] Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
[] Chapter 13

Nature of Debts (Check one box)
[] Consumer/Non-Business [X] Business

Filing Fee (Check one box)
[X] Full Filing Fee attached
[] Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.
[] Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.

Chapter 11 Debtors
Check one box:
[X] Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).
[] Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).
Check if:
[X] Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2 million.

Statistical/Administrative Information *** Rozanne M. Giunta P29969 ***
[X] Debtor estimates that funds will be available for distribution to unsecured creditors.
[] Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

THIS SPACE IS FOR COURT USE ONLY

Table with 10 columns: Estimated Number of Creditors. Rows for ranges: 1-49, 50-99, 100-199, 200-999, 1000-5,000, 5001-10,000, 10,001-25,000, 25,001-50,000, 50,001-100,000, OVER 100,000. [X] in 1-49 range.

Table with 9 columns: Estimated Assets. Rows for ranges: \$0 to \$50,000, \$50,001 to \$100,000, \$100,001 to \$500,000, \$500,001 to \$1 million, \$1,000,001 to \$10 million, \$10,000,001 to \$50 million, \$50,000,001 to \$100 million, More than \$100 million. [X] in \$500,001 to \$1 million range.

Table with 9 columns: Estimated Debts. Rows for ranges: \$0 to \$50,000, \$50,001 to \$100,000, \$100,001 to \$500,000, \$500,001 to \$1 million, \$1,000,001 to \$10 million, \$10,000,001 to \$50 million, \$50,000,001 to \$100 million, More than \$100 million. [X] in \$100,001 to \$500,000 range.

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Farmhouse Restaurants Inc.	
Prior Bankruptcy Case Filed Within Last 8 Years (If more than one, attach additional sheet)			
Location Where Filed: - None -		Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: - None -		Case Number:	Date Filed:
District:		Relationship:	Judge:
Exhibit A		Exhibit B	
(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		(To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by §342(b) of the Bankruptcy Code. X _____ Signature of Attorney for Debtor(s) Date	
Exhibit C		Certification Concerning Debt Counseling by Individual/Joint Debtor(s)	
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No		<input type="checkbox"/> I/we have received approved budget and credit counseling during the 180-day period preceding the filing of this petition. <input type="checkbox"/> I/we request a waiver of the requirement to obtain budget and credit counseling prior to filing based on exigent circumstances. (Must attach certification describing.)	
Information Regarding the Debtor (Check the Applicable Boxes)			
Venue (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Statement by a Debtor Who Resides as a Tenant of Residential Property <i>Check all applicable boxes.</i>			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) _____ (Name of landlord that obtained judgment) _____ (Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			

Voluntary Petition
(This page must be completed and filed in every case)

Name of Debtor(s):
Farmhouse Restaurants Inc.

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by §342(b) of the Bankruptcy Code.
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Debtor

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by §1515 of title 11 are attached.

Pursuant to §1511 of title 11, United States Code, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X _____
Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

Signature of Attorney

X /s/ Rozanne M. Giunta
Signature of Attorney for Debtor(s)

Rozanne M. Giunta P29969
Printed Name of Attorney for Debtor(s)

Lambert, Leser, Isackson, Cook & Giunta, P.C.
Firm Name

916 Washington Avenue, Suite 309
P.O. Box 835
Bay City, MI 48708

Address

(989) 893-3518 Fax: (989) 894-2232
Telephone Number

September 19, 2006
Date

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Shelley Amato
Signature of Authorized Individual

Shelley Amato
Printed Name of Authorized Individual

Member
Title of Authorized Individual

September 19, 2006
Date

AFFIDAVIT OF SHELLY AMATO UNDER PENALTY OF PERJURY

STATE OF MICHIGAN)
County of Bay) ss.

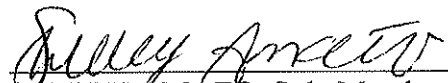
Now comes Shelly Amato, Sole Member of Farmhouse Restaurants Inc., and in this Affidavit pursuant to 11 U.S.C. §1116, states as follows:

1. That I am a sole member of Farmhouse Restaurants Inc.

2. That appended to the Voluntary Petition is the Debtor's 2005 tax return, balance sheet ending December of 2005 and profit and loss statement ending December of 2005.


3. An amended balance sheet and profit and loss statement will be filed shortly which will more accurately reflect the financial condition of the Debtor because a significant number of checks will be voided to reflect that payment was made in another manner.

3. That a cash flow statement is not available for attachment to the Petition.



SHELLY AMATO, Sole Member

Subscribed and sworn to before me, a Notary Public, in and for said County, this 19th day of September, 2006.



Annette C. Rex, Notary Public
Bay County, Michigan
My commission expires: 08/30/2011

10:52 AM

09/18/06

Cash Basis

FARMHOUSE RESTAURANTS INC.**Profit & Loss**

January through December 2005

	Jan - Dec 05
Ordinary Income/Expense	
Income	
Fees	-135.00
Sales	
Food	2,082,776.68
Total Sales	2,082,776.68
Total Income	2,082,641.68
Expense	
Advertising	16,175.60
Automobile Expense	484.39
Bank Service Charges	32,106.84
Cost of sales	
Beverage	313.05
Food	881,364.25
Total Cost of sales	881,677.30
Equipment Rental	1,853.12
Insurance	1,215.44
Licenses and Permits	8,406.67
Medical	665.64
Office Supplies	10,176.21
Owner Draw	110,758.91
Payroll Expenses	
Futa	4,721.18
Medicare Employer	12,412.48
Outside Services	49,420.37
Reported Tips	117,804.16
Social Security Employer	53,074.04
SUTA-Unemployment	13,126.15
Wages-Hourly	564,328.52
Wages-Salaried	173,900.00
Payroll Expenses - Other	-117,804.16
Total Payroll Expenses	870,982.74
Penalty	27,367.88
Professional Fees	
Accounting	7,747.01
Total Professional Fees	7,747.01
Rent	
Building	133,400.00
Rent - Other	1,833.56
Total Rent	135,233.56
Repairs	
Building Repairs	14,529.05
Equipment Repairs	2,371.05
Janitorial Exp	8,191.50
Total Repairs	25,091.60
Restaurant Supplies	93,154.08
Security	289.30
Taxes	
Property	2,940.56
Taxes - Other	6,347.32
Total Taxes	9,287.88
Telephone	3,765.26
Utilities	
Cable	714.35
Gas and Electric	79,765.35
Water	14,175.93
Total Utilities	94,655.63

10:52 AM
09/18/06
Cash Basis

FARMHOUSE RESTAURANTS INC.
Profit & Loss
January through December 2005

	Jan - Dec 05
Waste	8,376.77
Total Expense	2,339,481.83
Net Ordinary Income	-256,810.15
Net Income	<u>-256,810.15</u>

2:29 PM
09/18/06
Cash Basis

FARMHOUSE RESTAURANTS INC.
Balance Sheet
As of December 31, 2005

	<u>Dec 31, 05</u>
ASSETS	
Current Assets	
Checking/Savings	
General Account	-119,357.43
Merchant Account	-6,042.16
Payroll Account	<u>-401,172.48</u>
Total Checking/Savings	<u>-526,572.05</u>
Other Current Assets	
Employee Advances	<u>-24,206.19</u>
Total Other Current Assets	<u>-24,206.19</u>
Total Current Assets	<u>-550,778.24</u>
Fixed Assets	
Computer	10,000.00
Leasehold Improvements	40,000.00
Total Fixed Assets	<u>50,000.00</u>
Other Assets	
Security Deposit	<u>50,000.00</u>
Total Other Assets	<u>50,000.00</u>
TOTAL ASSETS	<u>-450,778.24</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Payroll Liabilities	12,411.94
Sales Tax Payable	<u>-48,580.98</u>
Total Other Current Liabilities	<u>-37,169.04</u>
Total Current Liabilities	<u>-37,169.04</u>
Total Liabilities	<u>-37,169.04</u>
Equity	
Add'l Paid in Capital	87,250.00
Retained Earnings	-244,049.05
Net Income	<u>-256,810.16</u>
Total Equity	<u>-413,609.20</u>
TOTAL LIABILITIES & EQUITY	<u>-450,778.24</u>

Form **1120S**

U.S. Income Tax Return for an S Corporation

OMB No. 1545-0130

2005

Department of the Treasury
Internal Revenue Service

▶ Do not file this form unless the corporation has filed Form 2553 to elect to be an S corporation.
▶ See separate instructions.

For calendar year 2005, or tax year beginning _____, ending _____

A Effective date of S election 1/1/2003	Use the IRS label. Otherwise, print or type.	Name FARMHOUSE RESTAURANTS INC	C Employer identification number 27-0071534
B Business code number (see instructions) 722110		Number, street, and room or suite no. If a P.O. box, see instructions. 8453 MADISON ST	D Date incorporated 11/18/2003
		City or town State ZIP code TAYLOR MI 48180	E Total assets (see instructions) \$ -293,951

F Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return

G Enter number of shareholders in the corporation at end of the tax year **1**
Caution. Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

	1a	b	c	1c
Income	Gross receipts or sales 2,082,642	Less returns and allowances 0	Bal	2,082,642
2	Cost of goods sold (Schedule A, line 8)			897,377
3	Gross profit. Subtract line 2 from line 1c			1,185,266
4	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			0
5	Other income (loss) (attach statement)			0
6	Total income (loss). Add lines 3 through 5			1,185,266
Deductions	7 Compensation of officers			0
8	Salaries and wages (less employment credits)			790,574
9	Repairs and maintenance			24,042
10	Bad debts			0
11	Rents			135,234
12	Taxes and licenses			218,832
13	Interest			0
14a	Depreciation (attach Form 4562)	14a 2,691		
b	Depreciation claimed on Schedule A and elsewhere on return	14b 0		
c	Subtract line 14b from line 14a			14c 2,691
15	Depletion (Do not deduct oil and gas depletion.)			0
16	Advertising			16,178
17	Pension, profit-sharing, etc., plans			0
18	Employee benefit programs			0
19	Other deductions (attach statement)			254,469
20	Total deductions. Add the amounts shown in the far right column for lines 7 through 19			1,442,018
21	Ordinary business income (loss). Subtract line 20 from line 6			-258,753
Tax and Payments	22a	22b	22c	
22	Tax: a Excess net passive income tax (attach statement)	0		
b	Tax from Schedule D (Form 1120S)	0		
c	Add lines 22a and 22b (see the instructions for additional taxes)			22c 0
23a	23b	23c	23d	
23	Payments: a 2005 estimated tax payments and amount applied from 2004 return	0		
b	Tax deposited with Form 7004	0		
c	Credit for Federal tax paid on fuels (attach Form 4136)	0		
d	Add lines 23a through 23c			23d 0
24	Estimated tax penalty (see instructions). Check if Form 2220 is attached			0
25	Tax due. If line 23d is smaller than the total of lines 22c and 24, enter amount owed			0
26	Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			0
27	Enter amount of line 26 you want: Credited to 2006 estimated tax 0 Refunded 0			0

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer _____ Date _____ Title **PRESIDENT**

Preparer's signature **Kevin Holland** Date **9/1/2006** Check if self-employed Preparer's SSN or PTIN **P00217632**

Paid Firm's name (or yours if self-employed), address, and ZIP code **Holland Tax Services Inc** EIN **16-1744348**
13051 Fordline Phone no. **313-295-7592**
Southgate State **MI** ZIP code **48195**

Schedule A Cost of Goods Sold (see instructions)

1	Inventory at beginning of year	0
2	Purchases	897,377
3	Cost of labor	0
4	Additional section 263A costs (attach statement)	0
5	Other costs (attach statement)	0
6	Total. Add lines 1 through 5	897,377
7	Inventory at end of year	0
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	897,377

8a Check all methods used for valuing closing inventory: (i) Cost as described in Regulations section 1.471-3
(ii) Lower of cost or market as described in Regulations section 1.471-4
(iii) Other (specify method used and attach explanation) ▶

b Check if there was a writedown of subnormal goods as described in Regulations section 1.471-2(c) ▶

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO 9d

e If property is produced or acquired for resale, do the rules of Section 263A apply to the corporation? Yes No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? Yes No
If "Yes," attach explanation.

Schedule B Other Information (see instructions)

	Yes	No
1		
2		
3		X
4		X
5		
6		
7		
8		
9		X

1 Check method of accounting: (a) Cash (b) Accrual (c) Other (specify) ▶

2 See the instructions and enter the:
(a) Business activity ▶ Restaurant (b) Product or service ▶ Service

3 At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a statement showing: (a) name, address, and employer identification number and (b) percentage owned

4 Was the corporation a member of a controlled group subject to the provisions of section 1561?

5 Has this corporation filed, or is it required to file, a return under section 6111 to provide information on any reportable transaction?

6 Check this box if the corporation issued publicly offered debt instruments with original issue discount. If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.

7 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to its basis (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain (defined in section 1374(d)(1)) in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. ▶ \$ 0

8 Check this box if the corporation had accumulated earnings and profits at the close of the tax year.

9 Are the corporation's total receipts (see instructions) for the tax year and its total assets at the end of the tax year less than \$250,000? If "Yes," the corporation is not required to complete Schedules L and M-1.

Note: If the corporation had assets or operated a business in a foreign country or U.S. possession, it may be required to attach Schedule N (Form 1120), Foreign Operations of U.S. Corporations, to this return. See Schedule N for details.

Schedule K Shareholders' Shares of Income, Deductions, Credits, etc.

Shareholders' Pro Rata Share Items		Total amount
1	Ordinary business income (loss) (page 1, line 21)	-256,753
2	Net rental real estate income (loss) (attach Form 8825)	0
3a	Other gross rental income (loss) 3a 0	
b	Expenses from other rental activities (attach statement) 3b 0	
c	Other net rental income (loss). Subtract line 3b from line 3a 3c	0
4	Interest income 4	0
5	Dividends: a Ordinary dividends 5a	0
b	Qualified dividends 5b 0	
6	Royalties 6	0
7	Net short-term capital gain (loss) (attach Schedule D (Form 1120S)) 7	0
8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120S)) 8a	0
b	Collectibles (28%) gain (loss) 8b 0	
c	Unrecaptured section 1250 gain (attach statement) 8c 0	
9	Net section 1231 gain (loss) (attach Form 4797) 9	0
10	Other income (loss) (see instructions) Type ▶ 10	0

Income (Loss)

		Shareholders' Pro Rata Share Items (continued)	Total amount		
Deductions	11	Section 179 deduction (attach Form 4562)	11	0	
	12a	Contributions	12a	0	
		b	Investment interest expense	12b	0
		c	Section 59(e)(2) expenditures (1) Type (2) Amount	12c(2)	0
d		Other deductions (see instructions) Type	12d	0	
Credits & Credit Recapture	13a	Low-income housing credit (section 42(j)(5))	13a	0	
	b	Low-income housing credit (other)	13b	0	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	13c	0	
	d	Other rental real estate credits (see instructions) Type	13d	0	
	e	Other rental credits (see instructions) Type	13e	0	
	f	Credit for alcohol used as fuel (attach Form 6478)	13f	0	
	g	Other credits and credit recapture (see instructions) Type	13g	0	
Foreign Transactions	14a	Name of country or U.S. possession	14b	0	
	b	Gross income from all sources	14c	0	
	c	Gross income sourced at shareholder level <i>Foreign gross income sourced at corporate level:</i>			
	d	Passive	14d	0	
	e	Listed categories (attach statement)	14e	0	
	f	General limitation <i>Deductions allocated and apportioned at shareholder level:</i>	14f	0	
	g	Interest expense	14g	0	
	h	Other <i>Deductions allocated and apportioned at corporate level to foreign source income:</i>	14h	0	
	i	Passive	14i	0	
	j	Listed categories (attach statement)	14j	0	
	k	General limitation <i>Other information:</i>	14k	0	
	l	Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l	0	
	m	Reduction in taxes available for credit (attach statement)	14m	0	
	n	Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) items	15a	Post-1986 depreciation adjustment	15a	0	
	b	Adjusted gain or loss	15b	0	
	c	Depletion (other than oil and gas)	15c	0	
	d	Oil, gas, and geothermal properties—gross income	15d	0	
	e	Oil, gas, and geothermal properties—deductions	15e	0	
	f	Other AMT items (attach statement)	15f	0	
Items Affecting Shareholder Basis	16a	Tax-exempt interest income	16a	0	
	b	Other tax-exempt income	16b	0	
	c	Nondeductible expenses	16c	0	
	d	Property distributions	16d	0	
	e	Repayment of loans from shareholders	16e	0	
Other Information	17a	Investment income	17a	0	
	b	Investment expenses	17b	0	
	c	Dividend distributions paid from accumulated earnings and profits	17c	0	
	d	Other items and amounts (attach statement)			
	e	Income/loss reconciliation. (Required only if Schedule M-1 must be completed.) Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l.	17e	-256,753	

Note: The corporation is not required to complete Schedules L and M-1 if question 9 of Schedule B is answered "Yes."

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		0		(328,482)
2a	Trade notes and accounts receivable	0		0	
b	Less allowance for bad debts	0	0	0	0
3	Inventories		0		0
4	U.S. government obligations		0		0
5	Tax-exempt securities		0		0
6	Other current assets (attach statement)		0		0
7	Loans to shareholders		0		0
8	Mortgage and real estate loans		0		0
9	Other investments (attach statement)		0		0
10a	Buildings and other depreciable assets	40,000		40,000	
b	Less accumulated depreciation	2,778	37,222	5,469	34,531
11a	Depletable assets	0		0	
b	Less accumulated depletion	0	0	0	0
12	Land (net of any amortization)		0		0
13a	Intangible assets (amortizable only)	0		0	
b	Less accumulated amortization	0	0	0	0
14	Other assets (attach statement)		0		0
15	Total assets		37,222		(293,951)
Liabilities and Shareholders' Equity					
16	Accounts payable		0		0
17	Mortgages, notes, bonds payable in less than 1 year		0		0
18	Other current liabilities (attach statement)		0		0
19	Loans from shareholders		0		0
20	Mortgages, notes, bonds payable in 1 year or more		0		0
21	Other liabilities (attach statement)		0		0
22	Capital stock		0		0
23	Additional paid-in capital		0		0
24	Retained earnings		0		(293,951)
25	Adjustments to shareholders' equity (attach statement)		0		0
26	Less cost of treasury stock		(0)		(0)
27	Total liabilities and shareholders' equity		0		(293,951)

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return					
1	Net income (loss) per books	-256,753	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):	0	a	Tax-exempt interest \$	0
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14i (itemize):		b	Deductions included on Schedule K, lines 1 through 12 and 14i, not charged against book income this year (itemize):	
a	Depreciation \$	0	a	Depreciation \$	0
b	Travel and entertainment \$	0			0
		0			0
4	Add lines 1 through 3	-256,753	7	Add lines 5 and 6	0
			8	Income (loss) (Schedule K, line 17e), Line 4 less line 7	-256,753

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)			
	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1	Balance at beginning of tax year	(37,198)	0
2	Ordinary income from page 1, line 21	0	
3	Other additions	0	
4	Loss from page 1, line 21	(256,753)	
5	Other reductions	(0)	(0)
6	Combine lines 1 through 5	(293,951)	0
7	Distributions other than dividend distributions	0	0
8	Balance at end of tax year. Subtract line 7 from line 6	(293,951)	0

671105

OMB No. 1546-0130

Schedule K-1 (Form 1120S)

Department of the Treasury Internal Revenue Service

2005

For calendar year 2006, or tax year beginning _____, 2006 ending _____, 20__

Final K-1 Amended K-1

Shareholder's Share of Income, Deductions, Credits, etc. See back of form and separate instructions.

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

Part I Information About the Corporation
A Corporation's employer identification number 27-0071534
B Corporation's name, address, city, state, and ZIP code FARMHOUSE RESTAURANTS INC 6453 MADISON ST TAYLOR MI 48180
C IRS Center where corporation filed return Cincinnati, OH 45999-0013
D Tax shelter registration number, if any
E Check if Form 8271 is attached

Part II Information About the Shareholder
F Shareholder's identifying number Shareholder 1 372-88-9374
G Shareholder's name, address, city, state and ZIP code SHELLY AMATO 7543 CENTER ROAD MILLINGTON, MI 48746
H Shareholder's percentage of stock ownership for tax year 100%

For IRS Use Only

Table with 4 columns: Line number, Description, Column number, and Amount. Rows include Ordinary business income (loss) -256,753, Net rental real estate income (loss) 0, Other net rental income (loss) 0, Interest Income 0, Ordinary dividends 0, Qualified dividends 0, Royalties 0, Net short-term capital gain (loss) 0, Net long-term capital gain (loss) 0, Collectibles (28%) gain (loss) 0, Unrecaptured section 1250 gain 0, Net section 1231 gain (loss) 0, Other income (loss) 0, Section 179 deduction 0, Other deductions 0, Credits & credit recapture 0, Foreign transactions 0, Alternative minimum tax (AMT) items 0, Items affecting shareholder basis 0, Other information 0.

* See attached statement for additional information.

FARMHOUSE RESTAURANTS INC**6453 MADISON ST
TAYLOR, MI 48180**

9/18/2006

SHELLY AMATO
7543 CENTER ROAD
MILLINGTON, MI 48748RE:
FARMHOUSE RESTAURANTS INC
27-0071534
2005 S Corporation Schedule K-1 (Form 1120S)

Dear: SHELLY AMATO

Enclosed is your 2005 Schedule K-1 (Form 1120S) Shareholder's Share of Income, Credits, Deductions, Etc. from FARMHOUSE RESTAURANTS INC. This information reflects the amounts you need to complete your income tax return. The amounts shown are your distributive share of the S Corporation tax items, including income/loss, credits and deductions, and other information to be reported on your tax return. This information may not correspond to actual distributions you have received during the year. This information is included in the S Corporation's 2005 Federal Income Tax Return that was filed with the Internal Revenue Service. This Schedule should be retained with your tax records and documentation.

If you have any questions concerning this information, or if we can be of assistance in any way, please do not hesitate to contact us.

Sincerely,

FARMHOUSE RESTAURANTS INC

FARMHOUSE RESTAURANTS INC

27-0071534

Line 19 (Form 1120S) - Other Deductions

1	Auto	1	484
2	Bank charges	2	32,107
3	Equipment rent	3	1,853
4	Insurance	4	1,216
5	Office supplies and expense	5	10,176
6	Professional fees	6	7,747
7	Security	7	269
8	Restaurant Supplies	8	93,154
9	Telephone	9	3,765
10	Utilities	10	94,656
11	Uniforms	11	666
12	Waste Removal	12	8,377
13	Total other deductions	13	254,469

Form 4562 Statement - 1120S

FARMHOUSE RESTAURANTS INC

27-0071534

Item No.	Description of Property	Date Placed in Service	Asset Code	Bus. Use %	Cost or Other Basis	Sec. 179 Deduction	Special Allowance	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum. Deprec., 179, Bonus	2005 Deprec.	2005 Accum. Deprec.
----------	-------------------------	------------------------	------------	------------	---------------------	--------------------	-------------------	----------------	-----------------	--------	-----------	----------------------------------	--------------	---------------------

Depreciation Detail

MACRS deductions for prior years (Line 17)														
101	Leasehold Improvement	12/1/2003	R-2	100.00%	40,000	0	0	40,000	15	SL/GDS	MM	2,778	2,691	5,469
Total MACRS deductions for prior years (Line 17)					40,000	0	0	40,000				2,778	2,691	5,469
Subtotal					40,000	0	0	40,000				2,778	2,691	5,469
					40,000	0	0	40,000				2,778	2,691	5,469

Form 4562 Reconciliation

Annual depreciation and amortization	2,691
Special allowance except listed property (Line 14)	0
Listed property special allowance (Line 25)	0
Section 179 deduction claimed (includes prior year disallowed)	0
Section 179 deduction carried forward to future year	0
Section 179 deduction (Line 12) reported on Schedule K	0
Less amortization included in total annual depreciation and amortization (Line 44)	0
Form 4562, Line 22	2,691

Line 8 (Form 1120S) - Salaries and Wages

1	Salaries	1	173,900	
2	Wages	2	564,329	
3	OUTSIDE SERVICES	3	52,345	
4	Total salaries and wages			4 790,574
Salaries and wages reported elsewhere on return:				
5	Amounts included in Cost of Goods Sold	5	0	
6	Elective contributions to a section 401(k) cash or deferred arrangement, or amounts contributed under a salary reductions SEP agreement or a SIMPLE IRA plan	6		
7	Total salaries and wages reported elsewhere on return			7 0
Less employment credits:				
8	From Form 5884 - Work Opportunity Credit	8	0	
9	From Form 8844 - Empowerment Zone Employment Credit	9	0	
10	From Form 8845 - Indian Employment Credit	10	0	
11	From Form 8861 - Welfare to Work Credit	11	0	
12		12		
13		13		
14	Total employment credits			14 0
15	Total salaries and wages less amounts reported elsewhere on return and employment credits			15 790,574

Line 12 (Form 1120S) - Taxes and Licenses

1	Local property taxes	1	2,041	
2	Payroll taxes	2	89,680	
3	Licenses	3	8,407	
4	REPORTED TIPS	4	117,804	
5	Totals taxes and licenses			5 218,832

Sch M-1 (Form 1120S) - Reconciliation Worksheet

	Per Books	Per Tax Return (Schedule K)	Totals
A Income (loss) per return (Form 1120S page 3, line 17e)			-256,753
B Net tax/book differences of total income items			0
Expense Items			
Expenses on books not on Sch K, lines 1 - 12 and 14I (from Ln 3, Sch M-1 stmt)			
C Net tax/book differences of total expense items			0
D Net tax/book differences (combine lines B and C)			0
E Computed net income (loss) per books (combine lines A and D)			-256,753

Michigan Department of Treasury
(Rev. 7-06)

**2005
C-8044**

2005 MICHIGAN Single Business Tax Simplified Return

Issued under authority of P.A. 228 of 1975.

This form may be used instead of the standard Form C-8000, Single Business Tax Annual Return, if all of the following conditions apply:

- Gross receipts do not exceed \$9,000,000.
- Adjusted business income, after loss adjustment, does not exceed \$475,000 (\$95,000 for Individuals).
- No shareholder or officer has allocated income, after loss adjustment, of more than \$95,000. Attach Form C-8000KC.
- No partner has distributive income, after loss adjustment, of more than \$95,000. Attach Form C-8000KP.
- Filer is not a member of a controlled group or entity under common control.
- Filer is not filing a consolidated return.
- Filer is not apportioning business activity.

1. This return is for calendar year 2005 or for the following tax year Beginning Date month year Ending Date month year 2005		5. Federal Employer ID Number (FEIN) or TR Number 27-0071534	
2. Name (Type or Print) FARMHOUSE RESTAURANTS INC DBA		6. If discontinued, enter effective date	
Street Address 6453 MADISON ST City, State, ZIP Code TAYLOR, MI 48180		7. Organization Type (check one) a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Fiduciary c. <input type="checkbox"/> Professional Corp. d. <input checked="" type="checkbox"/> S Corp./LLC S Corp. e. <input type="checkbox"/> Other Corp. f. <input type="checkbox"/> Partnership/ g. <input type="checkbox"/> Limited Liability LLC-Partnership Company-Corporation	
3. Business start date 11-18-2003	4. Principal Business Activity RESTAURANT		

8. Gross receipts		8.	2,082,642 .00	9.	-256,753 .00
9. Business income				10.	.00
10. Carryover or carryback of net operating loss or capital loss (cannot be a negative number)				11.	0 .00
11. Compensation and director fees of active shareholders or officers from C-8000KC, lines 8 & 7				12.	-256,753 .00
12. Adjusted Business Income. Add lines 9 - 11. If negative, enter zero on line 13				13.	0 .00
13. Tax Before All Other Credits. Multiply line 12 by 2.0% (.02)				14.	0 .00
14. Unincorporated/S Corp. Credit. Multiply line 13 by percent from table in the instructions				15.	0 .00
15. Tax After Nonrefundable Credits. Subtract line 14 from line 13					
16. Overpayment credited from prior year	18.	0 .00			
17. Estimated tax payments	17.	0 .00			
18. Tax paid with request for extension	18.	0 .00			
19. Refundable credits from C-8000MC, line 14	19.	0 .00			
20. Total. Add lines 16 - 19				20.	0 .00
21. Tax Due. Subtract line 20 from line 15. If less than zero, leave blank				21.	0 .00
22. Underpaid estimate penalty and interest from C-8020, line 28 or 40 whichever applies				22.	0 .00
23. Annual return penalty at _____ % = _____ and interest = _____				23.	0 .00
24. Payment Due. If line 21 is blank, go to line 25. Otherwise, add lines 21 - 23 and enter it here. If line 20 is greater than the total of lines 21 - 23, enter zero.			PAY	24.	0 .00
25. OVERPAYMENT. Subtract line 15 and any penalty and interest due on lines 22 and 23 from line 20. If less than zero, leave blank. See instructions.				25.	0 .00
26. Enter the amount of overpayment on line 25 to be refunded			REFUND	26.	0 .00
27. Enter the amount of overpayment on line 25 to be credited forward				27.	.00

TAXPAYER'S DECLARATION		PREPARER'S DECLARATION	
I declare under penalty of perjury that this return is true and correct to the best of my knowledge.		I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
I authorize Treasury to discuss my return with my preparer. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Preparer's Signature Kevin Holland	
Taxpayer Signature		Print or Type Preparer's Name KEVIN HOLLAND	
Print or Type Taxpayer Name		Date 09-01-2006	
Title		Business Address, Phone and Identification Number HOLLAND TAX SERVICES INC 13051 FORDLINE, SOUTHGATE, MI 48195 313-296-7592 16-1744345	

WITHOUT PAYMENT - Mail return to:
 Michigan Department of Treasury
 P.O. Box 30059
 Lansing, MI 48909

WITH PAYMENT - Pay amount on line 24 and mail check and return to:
 Michigan Department of Treasury
 Department 77375
 P.O. Box 77000
 Detroit, MI 48277-0375

Make check payable to "State of Michigan" and print the FEIN or TR Number and "SBT" on the front of check. Do not staple check to return.
 Due Date: April 30 or by the last day of the 4th month after the close of the tax year.

2005 Electronic Filing Information (MI SBT)

Signature

The following information is required to sign this return:

Business FEIN	Gross Receipts from most recently filed ORIGINAL SBT return.	MI Treasury-assigned CSN
27-0071534		099999999

To verify your CSN, click this link for the MI DOT Website, then "Check my SBT Returns/Payments Or my Customer Service Number."

Taxpayer Information

Business Name FARMHOUSE RESTAURANTS INC	Organization Type S Corporation	Business FEIN 27-0071534
Doing Business As (DBA)		Effective date discontinued
Street address 6453 MADISON ST		Business Start Date 11/18/2003
Care of addressee or address continuation	Principal Business Activity RESTAURANT	
City TAYLOR	State MI	ZIP code 48180
		Business CSN 99999999
Taxpayer's Name SHELLY AMATO	Title	Date Signed
		Telephone Number
		Authorize Treasury to discuss my return with my preparer. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

ERO

ERO's Name Kevin Holland	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	If non-paid preparer, enter type
Firm's name Holland Tax Services Inc			ERO's SSN or PTIN P00217632
Address 13051 Fordline			ERO's EIN 18-1744345
City Southgate	State MI	ZIP code 48195	Date Signed 4/15/2006
			Phone 313-295-7592

Paid Preparer

Paid Preparer's name	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name		EIN
Address		Phone
City	State	ZIP code
		Date Signed

Lines 8 and 9 (MI C-8044) - Gross Receipts/Business Income - Partnerships or S-Corporations

**WORKSHEET 3
PARTNERSHIPS OR S-CORPORATIONS**

PART 1: GROSS RECEIPTS

1	U.S. 1065 or U.S. 1120S			
	a Gross receipts (net of returns)	1a	2,082,642	
	b Other income/receipts	1b	0	
	Enter the total of lines 1a and 1b.			1 2,082,642
2	U.S. 8825, gross income from real estate rentals			2 0
3	U.S. 1065 or 1120S, Schedule D short and long term sales price			3
4	U.S. 1065 or 1120S, Schedule K			
	a Gross other rental income	4a	0	
	b Interest, dividend, royalty income	4b	0	
	c Other income	4c	0	
	Enter the total of lines 4a - 4c.			4 0
5	U.S. 4797, gross sales price business assets			5
6	Other receipts			6
7	Total gross receipts. Add lines 1 through 6. Enter here and on line 8 of MI C-8044			7 2,082,642

PART 2: BUSINESS INCOME

8	U.S. 1065 or 1120S, Schedule K, Income (Loss)			
	a Ordinary income (loss)	8a	-256,753	
	b Net real estate rental income (loss)	8b	0	
	c Net other rental income (loss)	8c	0	
	d Interest, dividend & royalty income	8d	0	
	e Net short-term gain (loss)	8e	0	
	f Net long-term gain (loss)	8f	0	
	g Other portfolio income (loss)	8g	0	
	h Guaranteed payments to partners	8h	0	
	i Other net gain (loss) under section 1231	8i	0	
	j Other income	8j	0	
9	Total income or (loss). Add lines 8a through 8j			9 -256,753
10	U.S. 1065 or 1120S, Schedule K, Deductions			
	a Charitable contributions	10a	0	
	b Section 179 expense	10b	0	
	c Deductions related to portfolio income	10c	0	
	d Other deductions	10d	0	
11	Total deductions. Add lines 10a through 10d			11 0
12	Total business income. Subtract line 11 from line 9. Enter here and on line 9 of MI C-8044			12 -256,753

Note: Limited liability companies should choose the appropriate worksheet based on their federal return.

United States Bankruptcy Court Eastern District of Michigan, Southern Division-FLINT

In re Farmhouse Restaurants Inc.
Debtor(s)

Case No. _____
Chapter 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
NONE				

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>

**DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the Member of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date September 19, 2006

Signature /s/ Shelly Amato
Shelly Amato
Member

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Eastern District of Michigan, Southern Division-FLINT**

In re Farmhouse Restaurants Inc.

Debtor(s)

Case No.

Chapter

11

**STATEMENT OF ATTORNEY FOR DEBTOR(S)
PURSUANT TO F.R.BANKR.P. 2016(b)**

The undersigned, pursuant to F.R.Bankr.P. 2016(b), states that:

1. The undersigned is the attorney for the Debtor(s) in this case.
2. The compensation paid or agreed to be paid by the Debtor(s) to the undersigned is: [Check one]
[] **FLAT FEE**
 - A. For legal services rendered in contemplation of and in connection with this case, exclusive of the filing fee paid _____
 - B. Prior to filing this statement, received _____
 - C. The unpaid balance due and payable is _____[X] **RETAINER**
 - A. Amount of retainer received 15,000.00
 - B. The undersigned shall bill against the retainer at an hourly rate of \$ 300.00 . [Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.
3. \$ 1,039.00 of the filing fee has been paid.
4. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: [Cross out any that do not apply.]
 - A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - B. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - D. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
 - E. Reaffirmations;
 - F. Redemptions;
 - G. Other: **All matters in this Chapter 11 proceeding.**
5. By agreement with the debtor(s), the above-disclosed fee does not include the following services:
6. The source of payments to the undersigned was from:
 - A. XX Debtor(s)' earnings, wages, compensation for services performed
 - B. _____ Other (describe, including the identity of payor) _____
7. The undersigned has not shared or agreed to share, with any other person, other than with members of the undersigned's law firm or corporation, any compensation paid or to be paid except as follows:

Dated: September 19, 2006

/s/ Rozanne M. Giunta

Agreed: /s/ Shelley Amato
Debtor **Shelley Amato**

Attorney for the Debtor(s)
Rozanne M. Giunta P29969
Lambert, Leser, Isackson, Cook & Giunta, P.C.
916 Washington Avenue, Suite 309
P.O. Box 835
Bay City, MI 48708
(989) 893-3518

Joint Debtor (if any)

United States Bankruptcy Court
Eastern District of Michigan, Southern Division-FLINT

In re Farmhouse Restaurants Inc.
Debtor

Case No. _____

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007(a)(3) for filing in this chapter 11 case.

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Shelly Amato 2541 Lonesome Dove Lapeer, MI 48446	N/A	1	Member

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the Member of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date September 19, 2006

Signature /s/ Shelley Amato
Shelley Amato
Member

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C §§ 152 and 3571.

LIST OF EQUITY SECURITY HOLDERS MATRIX

Shelly Amato
2541 Lonesome Dove
Lapeer, MI 48446

**United States Bankruptcy Court
Eastern District of Michigan, Southern Division-FLINT**

In re **Farmhouse Restaurants Inc.**

Debtor(s)

Case No. _____
Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the Member of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **September 19, 2006**

/s/ Shelley Amato

Shelley Amato/Member
Signer/Title

Attorney General
Law Building
515 Ottawa
Lansing, MI 48913

BW & US Tax Office
3024 W. Grand Blvd., Ste 11-500
Detroit, MI 48202

Internal Revenue Service
Cincinnati, OH 45999

IRS-Special Procedures
Attn: Bankr. Sect. Mail Code
P.O. Box 330500
Detroit, MI 48232

Michigan State of
Bankruptcy Division
P.O. Box 30199
Lansing, MI 48909

Michigan Unemployment Agency
P.O. Box 169
Grand Rapids, MI 49501

U.S. Attorney
Attn: Civil Department
101 First Street, Suite 200
Bay City, MI 48708

Internal Revenue Service
815 S. Saginaw St., Stop 94
Flint, MI 48502

United States Bankruptcy Court
Eastern District of Michigan, Southern Division-FLINT

In re **Farmhouse Restaurants Inc.**

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Farmhouse Restaurants Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

Shelly Amato
2541 Lonesome Dove
Lapeer, MI 48446

None [*Check if applicable*]

September 19, 2006

Date

/s/ Rozanne M. Giunta

Rozanne M. Giunta P29969

Signature of Attorney or Litigant

Counsel for **Farmhouse Restaurants Inc.**

Lambert, Leser, Isackson, Cook & Giunta, P.C.

916 Washington Avenue, Suite 309

P.O. Box 835

Bay City, MI 48708

(989) 893-3518 Fax:(989) 894-2232