

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003581

FILED  
Jul 06, 2006  
Secretary of State

Entity Name: TRUE BREAD ACADEMY, INC.

**Current Principal Place of Business:**

3367 N. UNIVERSITY DR  
HOLLYWOOD, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 848142  
HOLLYWOOD, FL 33084

**New Mailing Address:**

FEI Number: 65-1069412      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BRANKER, CARLTON  
3367 UNIVERSITY DRIVE  
DAVIE, FL 33024      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: BRANKER, VICTORIA  
Address: 1271 NW 137TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VD      ( ) Delete  
Name: BRANKER, CARL  
Address: 1271 NW 137TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: STD      ( ) Delete  
Name: FISHER, CINDY  
Address: 2299 NW 77 WAY, # 106  
City-St-Zip: PEMBROKE PINES, FL 33024

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SECT      (X) Change ( ) Addition  
Name: FISHER, CINDY  
Address: 2299 NW 77 WAY, # 106  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: TRES      ( ) Change (X) Addition  
Name: MARCANO-HOLDER, MERLIN  
Address: 90 NE 152  
City-St-Zip: MIAMI, FL 33162

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTORIA BRANKER

VD

07/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date