

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003581

FILED
Feb 26, 2009
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:

9650 PINES BLVD
HOLLYWOOD, FL 33024

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)

Name and Address of Current Registered Agent:

BRANKER, CARLTON
3367 UNIVERSITY DRIVE
DAVIE, FL 33024 US

Name and Address of New Registered Agent:

BRANKER, CARLTON
P. O. BOX 848142
HOLLYWOOD, FL 33024 US

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

02/26/2009

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

Electronic Signature of Signing Officer or Director

DP

02/26/2009

Date