

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 23, 2006
Secretary of State**

DOCUMENT# N96000004388

Entity Name: THE BREAKFAST CLUB OF GAINESVILLE, INC.

Current Principal Place of Business:

300 EAST UNIVERSITY AVENUE
STE 100
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 357121
GAINESVILLE, FL 326357121

New Mailing Address:

FEI Number: 59-3398610 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAZY, VICTOR
830 NW 13 STREET
GAINESVILLE, FL 32601 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: P () Delete
Name: HAZY, VICTOR
Address: P.O.BOX 357121
City-St-Zip: GAINESVILLE, FL 326357121

Title: VP () Delete
Name: LECLEAR, CALVIN
Address: P.O.BOX 357121
City-St-Zip: GAINESVILLE, FL 326357121

Title: SECY () Delete
Name: SCHILLING, LOU
Address: P.O.BOX 357121
City-St-Zip: GAINESVILLE, FL 326357121

Title: T (X) Delete
Name: SMITH, AMANDA
Address: P.O.BOX 357121
City-St-Zip: GAINESVILLE, FL 326357121

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 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: VICTOR HAZY

P

02/23/2006

Electronic Signature of Signing Officer or Director

_____ Date