


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                             |                                                                                                                     |                                                                                          |                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P02000045734</b><br>1. Entity Name<br><b>THE BREAKFAST PLACE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                             |                                                                                                                     |                                                                                          |                           |  |
| Principal Place of Business<br><b>789 N BEAL PARKWAY</b><br><b>FT WALTON BEACH, FL 32587</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             | Mailing Address<br><b>789 N BEAL PARKWAY</b><br><b>FT WALTON BEACH, FL 32587</b>                                    |                                                                                          |                                                                                                            |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                             | 3. Mailing Address                                                                                                  |                                                                                          |                                                                                                            |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                             | Suite, Apt. #, etc.                                                                                                 |                                                                                          |                                                                                                            |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             | City & State                                                                                                        |                                                                                          | 09132005 Chg-P CR2E034 (10/03)                                                                             |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                             | Country                                                                                                             |                                                                                          | 4. FEI Number<br><b>47-0856667</b>                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                             |                                                                                                                     |                                                                                          | Applied For<br>Not Applicable                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                             |                                                                                                                     |                                                                                          | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                             |                                                                                                                     | 7. Name and Address of New Registered Agent                                              |                                                                                                            |  |
| <b>WATERS, SAMUEL</b><br><b>108 NAVAJO TRACE</b><br><b>CRESTVIEW, FL 32536</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                             |                                                                                                                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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: <i>Samuel Waters</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                             | (NOTE: Registered Agent signature required when reinstating)                                                        |                                                                                          | DATE: <i>09/16/05</i>                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by October 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                             | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                                          | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.               |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                             |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                    |                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PD<br><b>WATERS, SAMUEL</b><br><b>108 NAVAJO TRACE</b><br><b>CRESTVIEW, FL 32536</b>        | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <b>600060125816</b><br><b>10/03/05--01003--006</b> <b>**150.00</b>                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VD<br><b>HARLOW, SUN C</b><br><b>847 OVERBROOK DR</b><br><b>FT WALTON BEACH, FL 32547</b>   | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <b>600060125816</b><br><b>10/03/05--01003--007</b> <b>**8.75</b>                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STD<br><b>STRANG, CHONG</b><br><b>703 RUSSELL BLVD</b><br><b>FT. WALTON BEACH, 32 32547</b> | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <i>STRANG CHONG</i><br><b>1783 Bridgeport colony</b><br><b>FT Walton B CH FL 32547</b>                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VD<br><b>CHONG, SOK K</b><br><b>637 JERRELLS AVE</b><br><b>FORT WALTON BEACH, FL 32547</b>  | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <i>CHONG SOK K</i><br><b>703 RUSSELL BLVD</b><br><b>F W B FL 32547</b>                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                          |  |
| 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 another like empowered. |                                                                                             |                                                                                                                     |                                                                                          |                                                                                                            |  |
| SIGNATURE: <i>Samuel Waters</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                             | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                  |                                                                                          | DATE: <i>09/16/05</i> <b>650</b><br>DAYTIME PHONE #: <i>862-8299</i>                                       |  |

