


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P0200G079979
 1. Entity Name
 ANOTHER BROKEN EGG CAFE OF SANDESTIN, INC.



Principal Place of Business: 9100 BAYTOWNE WHARF BLVD, SUITE A-4, SANDESTIN, FL 32550
 Mailing Address: 824 TETE L'OURS, MANDEVILLE, LA 70471

DO NOT WRITE IN THIS SPACE



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number: 42-1543892 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GREEN, SHARON F
 9100 BAYTOWNE WHARF BLVD.
 SUITE A-4
 SANDESTIN, FL 32550

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GREEN, RON E
STREET ADDRESS	824 TETE L'OURS
CITY-ST-ZIP	MANDEVILLE, LA 70471
TITLE	VP
NAME	GREEN, SHARON F
STREET ADDRESS	824 TETE L'OURS
CITY-ST-ZIP	MANDEVILLE, LA 70471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000319582
 05/14/08-80009-021 \$50.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE:  4/20/08 (985) 705-3447
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #