2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2006 08:00 AM Secretary of State

DOCUMENT # P0400056086 1. Entity Name THE BREAKFAST NOOK CAFE, INC.		Secretary of State	
Principal Place of Business Mailing Address 203 NW FIRST ST. P.O. BOX 210 TRENTON, FL 32693 BELL, FL 32619			S FINDINGS HIS GENERAL MEDIA CHAIN
DO NOT WRITE IN THIS SPACE			03122008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ERICKSON, ERIC 203 NW FIRST ST. TRENTON, FL 32693 IN THIS SPACE			
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Signature Typed as printed name of registered agent and title if applicable. (NOTE, Registered Agent eignature required what, remaining) PILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees			
10. ITHE WAME SIRET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECTORS D ERICKSON, ERIC 203 NW FIRST ST. TRENTON, FL 32593		03/38/06-80005-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	;		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS GIY-SY-ZIP TITLE NAME STREET ADDRESS GIY-ST-ZIP			
12. I hereby certify that the information supplied with this filling 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			