
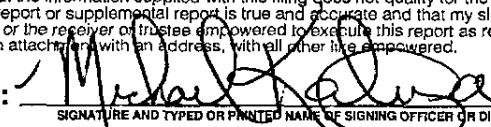


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 637289</b>		
1. Entity Name <b>KALUPA'S BAKERY, INC.</b>		
Principal Place of Business <b>2602 S. MAC DILL AVE TAMPA, FL 33629</b>	Mailing Address <b>2602 S. MAC DILL AVE TAMPA, FL 33629</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
		04272005 No Chg-P CR2E034 (10/03)
		4. FEI Number <b>59-1973358</b>
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  <b>BACCARELLA, DOMINIC 4144 N. ARMENIA AVENUE STE 210 TAMPA, FL 33607</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KALUPA, MICHAEL 2602 S. MAC DILL AVE TAMPA, FL 33629	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACCARELLA, DOMINIC J. 3828 WEST NEPTUNE TAMPA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KALUPA, SUSAN T 2602 S. MAC DILL AVE TAMPA, FL 33629	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/29/05</b> Daytime Phone # <b>813-902-1979</b>