

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000420

FILED
Jan 18, 2004
Secretary of State**Entity Name:** BREAKING EVERY YOKE, INC.**Current Principal Place of Business:**P.O. BOX 300307
FERN PARK, FL 327300307**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 300307
FERN PARK, FL 327300307**New Mailing Address:****FEI Number:** 68-0535032**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BLUM, HELAINE
5104 N. ORANGE BLOSSOM TRAIL, STE. 206
ORLANDO, FL 32810 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: CPST () Delete
Name: BLUM, HELAINE
Address: 5104 N ORANGE BLOSSOM TR., STE. 206
City-St-Zip: ORLANDO, FL 32810

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPT (X) Change () Addition
Name: BLUM, HELAINE
Address: 5104 N ORANGE BLOSSOM TR., STE. 206
City-St-Zip: ORLANDO, FL 32810

Title: D () Change (X) Addition
Name: OSBORNE, KATHY
Address: 14135 CONIFER DR
City-St-Zip: ORLANDO, FL 32832

Title: D () Change (X) Addition
Name: OSBORNE, BRETT
Address: 14135 CONIFER DR
City-St-Zip: ORLANDO, FL 32832

Title: DS () Change (X) Addition
Name: DEOLIVEIRA, E'CLAIR
Address: 275 E. CENTRAL PARKWAY, APT. 1724
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Change (X) Addition
Name: LALA, CINDY
Address: 2855 S. CONWAY RD., APT. 102
City-St-Zip: ORLANDO, FL 32812

Title: D () Change (X) Addition
Name: HENRY, KAREN
Address: 2855 S. CONWAY RD., APT. 102
City-St-Zip: ORLANDO, FL 32812

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HELAINE BLUM

CPT

01/18/2004

Electronic Signature of Signing Officer or Director

Date