

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000001736	
1. Entity Name BREAD AND WATER FOR AFRICA, INC.	

Principal Place of Business 2550 HUNTINGTON AVENUE SUITE 200 ALEXANDRIA, VA 22303-1499	Mailing Address 2550 HUNTINGTON AVENUE SUITE 200 ALEXANDRIA, VA 22303-1499
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DO NOT WRITE IN THIS SPACE



04102006 No Chg-NP CR2E037 (11/05)

4. FEI Number
54-1884520

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD
#221E
PALM BEACH GARDENS, FL 33410**

**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	DATE
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRIZEK, EUGENE L 2550 HUNTINGTON AVE, SUITE 200 ALEXANDRIA, VA 223031499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHARDSON, CLYDE B 2550 HUNTINGTON AVE, SUITE 200 ALEXANDRIA, VA 223031499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRIZEK, ADELINE R 2550 HUNTINGTON AVE, SUITE 200 ALEXANDRIA, VA 223031499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLIDAY, CHARLES T 2550 HUNTINGTON AVE, SUITE 200 ALEXANDRIA, VA 223031499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAMER, FRED G 2550 HUNTINGTON AVE, SUITE 200 ALEXANDRIA, VA 223031499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKLER, MARSHALL A 2550 HUNTINGTON AVE, SUITE 200 ALEXANDRIA, VA 223031499

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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 617, 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:  **EUGENE L. KRIZEK/PRESIDENT** 4/10/2006 (703)317-9089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR