

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90056 049 \*\*\*158.75

<b>DOCUMENT # F98000000295</b>					
<b>1. Entity Name</b> WE ARE IN THE DOUGH, INC.					
<b>Principal Place of Business</b> 22272 SR 54 LUTZ, FL 33549			<b>Mailing Address</b> 18143 PALM BREEZE DRIVE TAMPA, FL 33647		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02232006    Chg-P    CR2E034 (11/05)	
<b>4. FEI Number</b> 59-3549102				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
JARABEK, PAUL 18143 PALM BREEZE DR. TAMPA, FL 33647			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b>		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC JARABEK, PAUL 18143 PALM BREEZE DRIVE TAMPA, FL 33647	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JARABEK, MICHAEL J 2113 ARROWGRASS DRIVE WESLEY CHAPEL, FL 33543	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JARABEK, ROBERT A 3629 GOLDEN EAGLE DR TAMPA, FL 34639	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JARABEK, BRIAN P 1446 FIRE WHEEL DRIVE WESLEY CHAPEL, FL 33543	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JARABEK, KATHLEEN A 18143 PALM BREEZE DR. TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NOVASIC, PAMELA K 222 N. COLUMBUS DR. APT. 610 CHICAGO, IL 60601	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JARABEK, PAUL 18143 PALM BREEZE DRIVE TAMPA FL 33647	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Paul J Jarabek</i>			Date: <i>2-23-06</i> Daytime Phone #: <i>913 9916080</i>		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					