


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90180 038 \*\*\*\*50.00

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<b>DOCUMENT # L06000097386</b> 1. Entity Name <b>BREAD OF LIFE, LLC</b>					
Principal Place of Business <b>1545 OAK ST LARGO, FL 33778</b>			Mailing Address <b>1545 OAK ST LARGO, FL 33778</b>		
2. Principal Place of Business - No P.O. Box # <b>13025 120th St. N</b>		3. Mailing Address <b>P.O. BOX 730</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Largo FL</b>		City & State <b>Largo FL</b>		4. FEI Number <b>02-0788546</b>	
Zip <b>33778</b>		Country <b>Pinellas</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip <b>33779</b>		Country <b>Pinellas</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>WILLIAMS, DEYON L 1545 OAK ST LARGO, FL 33778</b>			7. Name and Address of New Registered Agent Name <b>Deyon Williams</b> Street Address (P.O. Box Number is Not Acceptable) <b>13025 120th St N</b> City <b>Largo</b> <b>FL</b> Zip Code <b>33778</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 <u><b>Deyon Williams</b></u> DATE <u><b>1/9/07</b></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR WILLIAMS, DEYON L 1545 OAK ST LARGO, FL 33778</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Deyon Williams P.O. 730 Largo FL 33779</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE: <u>Deyon Williams</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					<b>4/2/07</b> <small>Date</small>
					<small>Daytime Phone #</small>