2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003312

FILED Apr 26, 2006 Secretary of State

Entity Name: BREAK AWAY: THE ALTERNATIVE BREAK CONNECTION, INC.

Current Principal Place of Business: New Principal Place of Business:

930 WEST PARK AVE TALLAHASSEE, FL 323064180

Current Mailing Address: New Mailing Address:

2121 WEST PENSACOLA STREET 930 WEST PARK AVE

E-543 TALLAHASSEE, FL 323064180

TALLAHASSEE, FL 32304

FEI Number: 59-3647339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BREWER, JACOB PIACITELLI, JILL 930 WEST PARK AVE 930 WEST PARK AVE

TALLAHASSEE, FL 323064180 US TALLAHASSEE, FL 323064180 US

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: JILL PIACITELLI 04/26/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: ED/V () Delete Title: DC (X) Change () Addition

 Name:
 BREWER, JACOB
 Name:
 WILLEN, KEVIN

 Address:
 411 CHAPEL RD. #335
 Address:
 1345 IRVING ST, NW

 City-St-Zip:
 TALLAHASSEE, FL 32304
 City-St-Zip:
 WASHINGTON, DC 20010

 $\label{eq:title:DC} \mbox{Title:} \qquad \mbox{DC} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{D} \qquad \mbox{(X) Change () Addition}$

 Name:
 TALLMAN, RACHEL N
 Name:
 ABEL, DAMIEN

 Address:
 125 LANSING DRIVE SW
 Address:
 1904 BROOKSIDE LN

 City-St-Zip:
 ALBUQUERQUE, NM 87105
 City-St-Zip:
 HOFFMAN ESTATES, IL 60194

Title: DVC () Delete Title: () Change () Addition

Name: MAGEVNEY, MICHAEL Name: Address: Address: Address:

Address: 442U APALACHEE STREET Address:
City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip:

 $\label{eq:title:DS} {\it Title:} \qquad {\it DS} \qquad (\) \ {\it Delete} \qquad \qquad {\it Title:} \qquad {\it DS} \qquad (\it X) \ {\it Change} \ (\) \ {\it Addition}$

 Name:
 WILLEN, KEVIN
 Name:
 ALBRECHT, HEATHER

 Address:
 1320 N. VEITCH STREET, 825
 Address:
 1506 W SCHOOL ST

 City-St-Zip:
 ARLINGTON, VA 22201
 City-St-Zip:
 CHICAGO, IL 60657

Title: D () Delete Title: DT (X) Change () Addition

 Name:
 MCCABE, DANIEL
 Name:
 MCCABE, DANIEL

 Address:
 3327 ARLINGTON DRIVE
 Address:
 3327 ARLINGTON DRIVE

 City-St-Zip:
 WINSTON-SALEM, NC 27103
 City-St-Zip:
 WINSTON-SALEM, NC 27103

Title: DT () Delete Title: D (X) Change () Addition

 Name:
 PATEL, SANJAY
 Name:
 CAMIS, JASON

 Address:
 2141 N. LAKEWOOD #3SF
 Address:
 PO BOX 445

 City-St-Zip:
 CHICAGO, IL 60614
 City-St-Zip:
 OTTAWA, KS 66067

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DANIEL P. MCCABE DT 04/26/2006

Electronic Signature of Signing Officer or Director

Date