
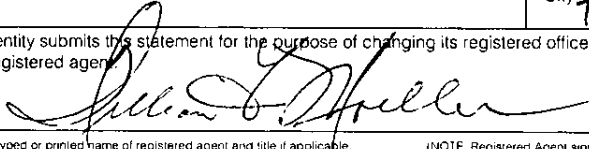
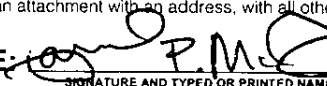


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90001 038 ****61.25

DOCUMENT # N00000003312					
1. Entity Name BREAK AWAY: THE ALTERNATIVE BREAK CONNECTION, INC.					
Principal Place of Business 930 WEST PARK AVE TALLAHASSEE, FL 32306-4180			Mailing Address 930 WEST PARK AVE TALLAHASSEE, FL 32306-4180		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2451 CUMBERLAND PKWY			
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE 3124			
City & State		City & State ATLANTA GA			
Zip	Country	Zip	Country	05052007 Chg-NP CR2E037 (12/06)	
30339	USA	4. FEI Number 59-3647339		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIACITELLI, JILL 930 WEST PARK AVE TALLAHASSEE, FL 32306-4180			7. Name and Address of New Registered Agent Name: MOELLER, WILLIAM Street Address (P.O. Box Number is Not Acceptable): 930 WEST PARK AVE City: TALLAHASSEE FL Zip Code: 32306-4180		
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: 5/22/07	
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DC	NAME WILLEN, KEVIN	<input type="checkbox"/> Delete	TITLE 	PLEASE SEE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1345 IRVING ST, NW	WASHINGTON, DC 20010		STREET ADDRESS 	ATTACHED - THERE ARE	
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE D	NAME ABEL, DAMIEN	<input type="checkbox"/> Delete	TITLE 	FOUR ADDITIONS AND <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1904 BROOKSIDE LN	HOFFMAN ESTATES, IL 60194		STREET ADDRESS 	FOUR TITLE CHANGES	
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE DVC	NAME MAGEVNEY, MICHAEL	<input checked="" type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4420 APALACHEE STREET	JACKSONVILLE, FL 32210		STREET ADDRESS 		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE DS	NAME ALBRECHT, HEATHER	<input checked="" type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1506 W SCHOOL ST	CHICAGO, IL 60657		STREET ADDRESS 		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE DT	NAME MCCABE, DANIEL	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3327 ARLINGTON DRIVE	WINSTON-SALEM, NC 27103		STREET ADDRESS 		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE D	NAME CAMIS, JASON	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS PO BOX 445	OTTAWA, KS 66067		STREET ADDRESS 		
CITY- ST- ZIP			CITY- ST- ZIP		
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: 			Daniel P. McCabe		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: 5/11/07		
			DAYTIME PHONE #: 770-384-3681		

ATTACHMENT

40118163

~~##~~ 100000003312

List of Board Members for Break Away: The Alternative Break Connection, Inc.

As of April 25, 2007

Title	Name	Home Address	City	State	Zip
DC	Daniel McCabe	1810 Vinings Pkwy SE	Smyrna	GA	30080
DVC	Jason E Camis	928 S. Main St.	Ottawa	KS	66067
DS	Abby Kiesa	7427 Carroll Ave	Takoma	MD	20912
DT	Damien Abel	1904 Brookside LN	Hoffman Estates	IL	60194
D	Rebecca Brodnan	1236 Brickton Dr	Atlanta	GA	30318
D	Stephen Caruso	15 Nedshire Dr	Middletown	NJ	07748
D	Matthew Pearce	2153 Leafmore Drive	Decatur	GA	30033
D	Kevin S. Willen	1345 Irving St NW	Washington	DC	20010