2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003312

FILED Mar 26, 2008 Secretary of State

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

930 WEST PARK AVE TALLAHASSEE, FL 323064180

Current Mailing Address: New Mailing Address:

2451 CUMBERLAND PKWY 600 MEANS STREET NW ATLANTA, GA 30318 STE 3124 ATLANTA, GA 30339

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:

MOELLER, WILLIAM 930 WEST PARK AVE TALLAHASSEE, FL 323064180 US

OFFICERS AND DIRECTORS:

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:

Electronic Signature of Registered Agent Date

() Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition WILLEN, KEVIN ABEL, DAMIEN Name: Name: 1345 IRVING ST, NW Address: 3826 CLOUDLAND DRIVE Address:

City-St-Zip: WASHINGTON, DC 20010 City-St-Zip: SMYRNA, GA 30082 Title: DT Title: (X) Change () Addition

ABEL, DAMIEN Name: CARUSO, STEPHEN Name: Address: 1904 BROOKSIDE LN Address: 15 NEDSHIRE DRIVE City-St-Zip: HOFFMAN ESTATES, IL 60194 City-St-Zip: MIDDLETOWN, NJ 07748

Title: DS Title: DS (X) Change () Addition () Delete KIESA, ABBY KIESA, ABBY Name: Name:

7427 CARROLL AVE Address: Address: 7427 CARROLL AVE #2

City-St-Zip: TAKOMA PARK, MD 20912 City-St-Zip: TAKOMA PARK, MD 20912

Title: () Delete Title: (X) Change () Addition Name: CARUSO, STEPHEN Name: PEARCE, MATTHEW J Address: 15 NEDSHIRE DR Address: 1853 CRESTLINE DRIVE NE City-St-Zip: MIDDLETOWN, NJ 07748 City-St-Zip: ATLANTA, GA 30345

Title: DC (X) Delete Title: () Change () Addition

MCCABE, DANIEL Name: Name: 1810 VININGS PKWY SE Address: Address: City-St-Zip: SMYRNA, GA 30080 City-St-Zip:

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

CAMIS, JASON Name: Name: 928 S MAIN ST Address: Address: **OTTAWA, KS 66067** City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MATTHEW J. PEARCE D 03/26/2008