2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

DOCUMENT# N05000002643

Entity Name: CHURCH OF GOD BREAD OF LIFE INC.

Current Principal Place of Business:

1630 CATHERINE DR APT # 3
DELRAY BEACH, FL 334456360

New Principal Place of Business:

Current Mailing Address:

1630 CATHERINE DR APT # 3
DELRAY BEACH, FL 334456360

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AUGUSTIN, SIMON A
1630 CATHERINE DR APT # 3
DELRAY BEACH, FL 334456360 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: AUGUSTIN, SIMON A
Address: 1630 CATHERINE DR APT # 3
City-St-Zip: DELRAY BEACH, FL 334456360

Title: S ( ) Delete
Name: VALMA, MICHAELA
Address: 931 SE 3RD AVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: V ( ) Delete
Name: AUGUSTIN, EDGA
Address: 427 SW 5TH AVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T ( ) Delete
Name: AUGUSTIN, ROSE
Address: 1630 CATHERINE DR APT # 3
City-St-Zip: DELRAY BEACH, FL 334456360

Title: D ( ) Delete
Name: VALMA, JON
Address: 931 SE 3RD AVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: D ( ) Delete
Name: METRIS, SOUVENEY
Address: 931 SE 3RD AVE
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SIMON A AUGUSTIN P 01/17/2006
Electronic Signature of Signing Officer or Director — Date