2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 23, 2006 8:00 am Secretary of State

DOCUMENT # N0500003172 1. Entity Name BREAKING BREAD FOR KIDS CORPORATION								03-23-200	6 90002	2 003 ****	70.00
Principal Plac 8315 NW 12 MIAMI, FL 3	TH AVENUE	8315	Mailing Address 8315 NW 12TH AVENUE MIAMI, FL 33150				**************************************			TO (((5 1) (161) (5	1 1 1 1 1 1 1 1 1 1 1 1 1
2. Principal Place of Business		3. Mail	3. Mailing Address							With the second	
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			0	1252006	Chg-NP	CR2E	E037 (11/05)	
City & State		Cit	City & State			4.	. FEI Numbe	144820	2		pplied For ot Applicable
Zip Country			·		antry	5. Certificate of Status Desired					
	6. Name and Address	s of Current Registere	d Agent		Name	7.	Name and	Address of New I	Registere	d Agent	
GRAY-JULES, ALBERTA 8315 NW 12TH AVENUE					Name Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33150							. Oox Hambe				
					City	<u>.</u>			F	Zip Coo	de
8. The above the obligat	named entity submits this tions of registered agent.	statement for the purp	ose of changing its	register	ed office or	registered a	agent, or bot	th, in the State of Fl	lorida. I a	m familiar with	, and accept
SIGNATURE .	Signature, typed or printed name of	registered agent and title if app	olicable. (NOTE	E: Registere	d Agent signatu	re required whe	n reinstating)	· • • • • • • • • • • • • • • • • • • •	DATE		<u> </u>
Filing Fee Is \$61.25 Due by May 1, 2006 9. Election Camp Trust Fund Cor						State State					
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10.	Due by May 1, 200	I				LJ Àdı 	ded to Fees		rida Dep	partment of S	itate} :
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Thereby 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 appowered.

IGNATURE:

| Signature and typed or Privited Name of Figure Or Privited O