

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011274

FILED
Apr 21, 2007
Secretary of State

Entity Name: BREAD TO THE NATIONS INC .

Current Principal Place of Business:

428 PASAJE AVENUE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

428 PASAJE AVENUE
TARPON SPRINGS, FL 34689

New Mailing Address:

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

Name and Address of Current Registered Agent:

ZADEH, NAUSSERA N
428 PASAJE AVENUE
TARPON SPRINGS, FL 34689 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: ZADEH, NAUSSERA N
Address: 428 PASAJE AVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: S () Delete
Name: BONO, KATHLEEN
Address: 4809 GRAND BLVD. #12
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: BONO, JOSEPH
Address: 641 VALENCIA DRIVE
City-St-Zip: BELLEVILLE, IL 62223

Title: D () Delete
Name: GRAY, DAVID
Address: 6219 US 19 NORTH
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Delete
Name: JOHN, JOSEPH M REV
Address: 3046 BIRKDALE DRIVE
City-St-Zip: HOLIDAY, FL 34690

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: GRAY, DAVID
Address: 5510 GULF DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change () Addition
Name: JOHN, JOSEPH M REV
Address: 3046 BIRKDALE DRIVE
City-St-Zip: HOLIDAY, FL 34690

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: KATHLEEN BONO

S

04/21/2007

Electronic Signature of Signing Officer or Director

Date