2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N07000006587

Entity Name: DAILY BREAD OF LIFE, INC

FILED Nov 25, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1106 PALERMO ST NW 5275 BABCOCK ST. N.E. PALM BAY, FL 32907

PALM BAY, FL 32905

Current Mailing Address: New Mailing Address:

1106 PALERMO ST NW 5275 BABCOCK ST. N.E.

PALM BAY, FL 32907 PALM BAY, FL 32905 US

FEI Number: 26-0472852 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:

WOOD, SUSAN P WALRO, YOLINDA F 642 ATÁMIRA ST NW 231 PEAKE ST. N.E. PALM BAY, FL 32907 US US PALM BAY, FL 32907

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: YOLINDA F. WALRO 11/25/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PST () Delete (X) Change () Addition

BENOIT, ROGER W P/S/BM BENOIT, ROGER P/BM Name: Name: 100 DISTRICT ST Address: 1106 PALERMO ST N.W. Address: City-St-Zip: PALM BAY, FL 32909 City-St-Zip: PALM BAY, FL 32907 US

Title: TREA () Delete Title: (X) Change () Addition BENOIT, LYNNEA L T/BM Name: WALRO, YOLINDA F VP/TRES Name: Address: 35 GREEN BLVD #106 Address: 231 PEAKE ST. N.E.

City-St-Zip: LAKE WYLIE, SC 29710 City-St-Zip: PALM BAY, FL 32907 US Title: BM () Delete Title: SEC (X) Change () Addition

FITZGERALD, JILL FITZGERALD, JILL SEC/BM Name: Name: 963 FLOTILLA CLUB DR Address: Address: 963 FLOTILLA CLUB DR

City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 US

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

WALRO, YOLINDA BM Name: Name: CONSILLIO, DANNY M BM 231 PEAKE ST NE 991 HOOPER AVE N.E. Address: Address: City-St-Zip: PALM BAY, FL 32907 City-St-Zip: PALM BAY, FL 32905 US

Title: () Delete Title: (X) Change () Addition FINLAYSON, TIMOTHY LOMBARDI, DR, PAUL M BM Name: Name:

1303 ROBBINSWOOD DR 111 N. FISKE BLVD. Address: Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: COCOA, FL 32922 US

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

ROWAN, STUART BM Name: Name: Address: Address: 3759 PEACOCK DR.

WEST MELBOURNE, FL 32904 US 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: YOLINDA F. WALRO VP/T 11/25/2008

Electronic Signature of Signing Officer or Director

Date