2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 13, 2006 8:00 am
Secretary of State
03-21-2006 90049 008 ****70.00

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1. Entity Name
DAILY BREAD, INC.

Principal Place of Business	Mailing Address
815 E. FEE AVE. MELBOURNE, FL 32901 US	815 E. FEE AVE MELBOURNE, FL 32901 US

bbUUJ/10

03012006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-2846212
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KANTZ, PAUL
4803 SPRINGWATER CIRCLE
MELBOURNE, FL 32440

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	ADAMS, DONALD
STREET ADDRESS	3220 PRONT ST #404
CITY-ST-ZIP	MELBOURNE, FL 32904
TITLE	TD
NAME	HANSEN, FRANCIS
STREET ADDRESS	361 MAPLE DR
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	~~SD~~
NAME	~~SCHNUCK, DAWN D~~
STREET ADDRESS	~~2220 FRONT ST #304~~
CITY-ST-ZIP	~~MELBOURNE, FL 32901~~
TITLE	PD
NAME	KANTZ, PAUL
STREET ADDRESS	4803 SPRINGWATER CIRCLE
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	SD
NAME	TIMOTHY GEOGHEGAN
STREET ADDRESS	2195 HIGHWAY A1A, # 701
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby 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 empowered.

SIGNATURE: X Paul Kantz, President 3/30/06 (321) 723-1060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #