2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006
Secretary of State

DOCUMENT# P00000102743

Entity Name: CENTRAL FLORIDA BAKERY INC.

Current Principal Place of Business:

150 W EVERGREEN AVE
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

150 W EVERGREEN AVE
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 59-3681240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SASTRE, RUBEN
311 FALLING LEAF WAY
CASSELBERRY, FL 32707 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SASTRE, RUBEN
Address: 311 FALLING LEAF WAY
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete
Name: SASTRE, ANA
Address: 150 W EVERGREEN AVE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBEN SASTRE PRES 05/19/2006

Electronic Signature of Signing Officer or Director Date