2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000008810

FILED Jan 06, 2005 Secretary of State

Entity Name: GIFT OF DOUGH, INC. **Current Principal Place of Business: New Principal Place of Business:** 13212 E. COLONIAL DR. 6427 S CHICKASAW TRAIL ORLANDO, FL 32829 CL-C ORLANDO, FL 32828 **New Mailing Address: Current Mailing Address:** 316 FAIRWAY PT CR ORLANDO, FL 32828 FEI Number: 59-3692722 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: DOMERACKI, PATRICIA A 316 FAIRWAY POINTE CIRCLE ORLANDO, FL 32828 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition DOMERACKI III, WALTER DOMERACKI III, WALTER Name: Name: 314 PRAIRIE DUNE WAY 316 FAIRWAY PTE CIRCLE Address: Address:

City-St-Zip: ORLANDO, FL 32828 City-St-Zip: ORLANDO, FL 32828

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

Name: DOMERACKI, PATRICA Name: 316 FAIRWAY POINTE CIR. Address: Address: ORLANDO, FL 32828 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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.

Ρ SIGNATURE: PATRICIA DOMERACKI 01/06/2005