FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State

1. Entity Name Centre ville Bread Shop, Inc.				05-21-2002 91116 023 ***150.00		
DO NOT WRITE IN THIS SPACE						
2 Principal Place of Business 6721 N. ARMENIA AVE 6721 N. A. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State IAMPA FL		City & State TAMPA FL		4. FEI Number 59-3726587	Applied For Not Applicable	
3360	Country	^{Zip} 33604	Country USA		8.75 Additional se Required	
300	7. Name and Address of Current Registered Agent					
	DO NOT W IN THIS SE	(P.O. Box Number is Not Acceptable) (P.O. Box Number is Not Acceptable) (P.O. Box Number is Not Acceptable) (P.O. Box Number is Not Acceptable)				
	Carrier Commence of the Commen		City Thm	re FL	7:p Code 04	
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.						
Debbra A. Miarilis Debbra A. Miaouus 4-29-02						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1- May 1- Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25				10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND	DIRECTORS	mr. 2		=======================================	
NAME MIADULIS, GEORGE E STRETADORESS 6721 NARMENIA ARC CITY-ST-7P Tampa PL 33604			NAME STREET ADDRESS CITY-ST-ZIP		13.00 BASE	
THE SVD NAME MIADULIS, Debbra A. STREET ADDRESS 6721 NARMENIA ARE CITY-ST-ZIP Tampa PL 33604			TITL! NAME STREET ADDRESS CITY, ST; ZIP			
TITLE NAME STREET ADDRESS			TITLE NAME STRET ADDRESS	DO NOT WRITE		
CITY-ST-ZIP TITLE			CITY-ST-ZIP	IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY - ST. ZIP.	IIV II II O OFAC	, L	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			THE NAME STREET ADDRESS CITY-ST-ZP			
TITLE NAME STREET ADDRESS			TITLE NAME: STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP	certify that the information supplied wi	th this filing does not qualify fo	Mill Control of State Control of the State Control	Section 119.07(3)(i), Florida Statutes. I further cert	ify that the information	

13. I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i). Frortida statutes. Intuitie carry 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Deblie Other Of Die Deblie A. MIA OUCIS 4-29-02 813 918-1365