P04000 144888

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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ	ECT: Breakthrough Property Mana (Name of Co	gement Services, Inc.			
DOC	UMENT NUMBER: P04000164888				
	nclosed Statement of Change of Registered Office	Agent and fee are submitted for filing.			
Please	return all correspondence concerning this matter	to the following:			
	Trent Lacy Sr. (Name of Con	tact Person)			
	(Firm/Con	npany)			
230 NW 18th Street (Address)					
For fur	Pompano Beach, FI 33060 (City/State and other information concerning this matter, please ca	l Zip Code)			
	A. Lacy Sr. (Name of Contact Person)	at (954) 943-2944 (Area Code & Daytime Telephone Number)			
Enclos	ed is a \$35.00 check made payable to the Departn	nent of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statut ange is submitted for a corporation organized under the laws of the State of er to change its registered office or registered agent, or both, in the State of Florida	
1. The name of	the corporation: Breakthrough Property Management Services, Inc.	
2. The principal	office address: 603 East Atlantic Blvd Pompano Beach, FL 33060	
3. The mailing a	address (if different): Same	
4. Date of incor	poration/qualification: 12/06/2004 Document number: P04000164	888
	d street address of the current registered agent and registered office on file with the rtment of State:	
	603 East Atlantic Blvd	
	Pompano Beach, FL 33060	
		N 8
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	AHASSE
	230 NW 18th Street	E PS
	Pompano Beach, FL 33060 (P.O. Box NOT acceptable)	ONE SI
The street addre as changed will	ess of its registered office and the street address of the business office of its registered.	stered agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an offic- ne board, or the corporation has been notified in writing of the change.	er so
ex 5	Treat A Lacy St.	
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete d I am familiar with and accept the obligation of my position as registered ageing filed merely to reflect a change in the registered office address, I hereby conbeen notified in writing of this change.	performance nt. Or, if this ifirm that the
(Sig	mature of Registered Agent) (Date)	
If signing on be	half of an entity:	
Trent A	yped of Printed Name)	

* * * FILING FEE: \$35.00 * * *

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164888

Entity Name: BREAKTHROUGH PROPERTY MANAGEMENT SERVICES, INC.

Apr 13, 2006 Secretary of State

Current	Drincinal	Diace of	Business:
JULICIA	LINGINGE	i mag or	

New Principal Place of Business:

125 NORTH DIXIE HIGHWAY #C. POMPANO BEACH, FL. 33060

603 EAST ATLANTIC BLVD POMPANO BEACH, FL 33060

Current Mailing Address:

New Mailing Address:

125 NORTH DIXIE HIGHWAY #C POMPANO BEACH, FL 33060

603 EAST ATLANTIC BLVD POMPANO BEACH, FL 33060

FFI Number: 20-1991152

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:

CAMERON, GLADYS J 125 NORTH DIXIE HIGHWAY #C POMPANO BEACH, FL 33060

CAMERON, GLADYS J 603 EAST ÁTLANTIC BLVD POMPANO BEACH, FL 33060 US

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

04/13/2006

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:

() Delete

Title: Name: (X) Change () Addition

Name: Address: JOHNSON, JERALINE 125 NORTH DIXIE HIGHWAY #C

Address:

JOHNSON, JERALINE **603 EAST ATLANTIC BLVD**

City-St-Zip:

POMPANO BEACH, FL 33060

City-St-Zip:

POMPANO BEACH, FL 33060

Title:

() Delete

Title: Name:

(X) Change () Addition CAMERON, GLADYS J

Name: Address: CAMERON, GLADYS J 125 NORTH DIXIE HIGHWAY #C

Address:

603 EAST ATLANTIC BLVD

City-St-Zip:

POMPANO BEACH, FL 33060

City-St-Zip:

POMPANO BEACH, FL 33060

Title:

() Delete CAMERON, WILLIE J

Title:

() Change () Addition

Name: Address. City-St-Zip:

603 EAST ATLANTIC BLVD. POMPANO BEACH, FL 33060 Name:

Address: City-St-Zip:

Title:

(X) Delete PUGH, LESIA M

Title: Name: () Change () Addition

Name: Address: City-St-Zip:

125 NORTH DIXIE HIGHWAY #C POMPANO BEACH, FL 33060

Address: City-St-Zip:

Title:

(X) Delete

Title:

() Change () Addition

Name: Address: City-St-Zip: CAMERON, WILLIE J 125 NORTH DIXIE HIGHWAY #C POMPANO BEACH, FL 33060

Name:

Address: City-St-Zip:

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: GLADYS J CAMERON

Р

04/13/2006