2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/1

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-11-2006 90235 008 ***150.00

DOCUMENT # P05000009715

1. Entity Name
THE BROKEN YOLK, INC.

Principal Place of Business	Mailing Address
3214 SEVEN SPRINGS BOULEVARD NEW PORT RICHEY, FL 34654	3214 SEVEN SPRINGS BOULEVARD NEW PORT RICHEY, FL 34654

66019643

2. ~~Principal Place of Business~~	3. Mailing Address
3350 Grand Blvd.	Same As (2)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Holiday	City & State: Fl.
Zip: 34690 County: PASCO	Zip / Country

01142006 Chg-P CR2E034 (11/05)

4. ~~FEI Number~~ 55-0889457 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOLLINKA, DAVID J 2312 U.S. HIGHWAY 19 HOLIDAY, FL 34691	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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 [signature] 3/30/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWARD, JOANNE 3214 SEVEN SPRINGS BOULEVARD NEW PORT RICHEY, FL 34654	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T HOWARD, SCOTT 3214 SEVEN SPRINGS BOULEVARD NEW PORT RICHEY, FL 34654	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 607, 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #