2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-11-2006 90235 008 ***150.00

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DOCUMENT # P05000009715

1. Entity Name
THE BROKEN YOLK, INC.

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

Mailing Address
3214 SEVEN SPRINGS BOULEVARD
NEW PORT RICHEY, FL 34654

2. Principal Place of Business: 33500 Grand Blvd.
Suite, Apt. #, etc.
City & State: Holiday
Zip: 34690 County: PASCO

3. Mailing Address: Same As (2)
Suite, Apt. #, etc.
City & State: FL
Zip
Country

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
WOLLINKA, DAVID J
2312 U.S. HIGHWAY 19
HOLIDAY, FL 34691

7. Name and Address of New Registered Agent
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: Joanne L Howard 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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HOWARD, JOANNE	NAME	
STREET ADDRESS	3214 SEVEN SPRINGS BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	CITY-ST-ZIP	
TITLE	S,T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HOWARD, SCOTT	NAME	
STREET ADDRESS	3214 SEVEN SPRINGS BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Joanne L Howard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #