2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2006
Secretary of State

DOCUMENT# P05000136364

Entity Name: BREAD AND BUNS, INC.

Current Principal Place of Business:

868 WOODVALE STREET
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

868 WOODVALE STREET
CLERMONT, FL 34711

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BONO, PATRICA
868 WOODVALE STREET
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BONO, PATRICIA
Address: 868 WOODVALE STREET
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Delete
Name: ORVARSSON, GERTAR
Address: FELLIAHVARFI 5 203
City-St-Zip: KOPAVOGLE ICELAND,

Title: D (X) Delete
Name: GUNNARSDOTTIR, INGIBJORG
Address: FELLIAHVARFI 5 203
City-St-Zip: KOPAVOGLE ICELAND,

Title: D ( ) Delete
Name: PALSDOTTIER, JONINA
Address: LAUGAVEIGI 40A
City-St-Zip: REYKJAVIK 101 ICELAND,

Title: D (X) Delete
Name: REYNIRSSON, HENRY
Address: HELGUBRAUT 7
City-St-Zip: KOPAVOGI 200 ICELAND,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I 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: PATRICIA BONO D 08/17/2006

Electronic Signature of Signing Officer or Director — Date