2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 21, 2006
Secretary of State

DOCUMENT# P05000165385

Entity Name: BREAK BREAD ENTERTAINMENT INC

Current Principal Place of Business:

2703 24TH ST
SARASOTA, FL 34234 US

New Principal Place of Business:

2745 21ST
SARASOTA, FL 34234 US

Current Mailing Address:

2703 24TH ST
SARASOTA, FL 34234 US

New Mailing Address:

2745 21ST
SARASOTA, FL 34234 US

FEI Number: 76-0750292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DENT, RONDRE
2703 24TH ST
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

DENT, RONDRE T
2745 21ST
SARASOTA, FL 34234 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: RONDRE DENT 11/21/2006
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: P ( ) Delete
Name: DENT, RONDRE
Address: 2703 24TH ST
City-St-Zip: SARASOTA, FL 34234 US

Title: VP ( ) Delete
Name: HORRAS, SHEFFIELD
Address: 2703 24TH ST
City-St-Zip: SARASOTA, FL 34234 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DENT, LAMKIA R
Address: 2745 21ST
City-St-Zip: SARASOTA, FL 34234 US

Title: VP (X) Change ( ) Addition
Name: SHEFFIELD, HORRAS
Address: 2745 21ST
City-St-Zip: SARASOTA, FL 34234 US

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: LAMIKA DENT P 11/21/2006
Electronic Signature of Signing Officer or Director Date