


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90026 037 ***150.00

DOCUMENT # P07000023886 1. Entity Name LUCKY BREAK ENTERPRISES INC.																													
Principal Place of Business 5030 CR 214 KEYSTONE HEIGHTS, FL 32656 US			Mailing Address 5030 CR 214 KEYSTONE HEIGHTS, FL 32656 US																										
2. Principal Place of Business - No P.O. Box # Smith Lake Bar Suite, Apt. #, etc. 32656 Keystone Hgts. FL		3. Mailing Address 5030 CR 214 Suite, Apt. #, etc. Keystone Hgts. FL 32656																											
City & State Keystone Hgts. FL 32656		City & State Keystone Hgts. FL 32656		4. FEI Number 20-8491764 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>																									
Zip 32656 Country Clay		Zip 32656 Country Clay		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent NEWELL, PAUL D ESQ. 206A LAWRENCE BOULEVARD - SUITE 201 KEYSTONE HEIGHTS, FL 32656				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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P RUSSELL, JOSHUA JR.</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1365 S. LAWRENCE BLVD.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>KEYSTONE HEIGHTS, FL 32656</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	P RUSSELL, JOSHUA JR.	<input type="checkbox"/> Delete	NAME	1365 S. LAWRENCE BLVD.		STREET ADDRESS	KEYSTONE HEIGHTS, FL 32656		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: *Bonnie J. Gandy* **4/25/08** **352-473-4534**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #