2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P93000072864

RUDOLPH'S EUROPEAN STYLE RYE BREAD & CAKES.

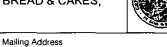
6. Name and Address of Current Registered Agent

INC.

Principal Place of Business

SIGNATURE:

6516 PONCE DE LEON BLVD. NORTH PORT, FL 34287



6516 PONCE DE LEON BLVD.

NORTH PORT, FL 34287



FILED Apr 02, 2007 8:00 am Secretary of State

04-02-2007 90084 027 ***150.00

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0232804

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

941-423-8805

UELLENBERG, FRANK	DO NOT WRITE
6516 PONCE DE LEON BLVD.	DO NOT WAKITE
NORTH PORT, FL 34287	IN THIS SPACE
	IN THIS SPALE

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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, 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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP UELLENBERG, FRANK 6516 PONCE DE LEON BLVD. NORTH PORT, FL							
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS 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.								