## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000071461

Address:

City-St-Zip:

4715 KIRBY LOOP ROAD

FORT PIERCE, FL 34981

FILED Feb 02, 2008 Secretary of State

Entity Na	me: GINGERI	BREAD LANE, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
	IROSO BLVD. LUCIE, FL 34	983				
Current Mailing Address:			New Maili	New Mailing Address:		
4715 KIRBY LOOP ROAD FORT PIERCE, FL 34981			711 NW AIROSO BLVD. PORT ST. LUCIE, FL 34983			
FEI Number	: 65-0858280	FEI Number Applied For()	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )		
Name and	d Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:		
	DA L IROSO BLVD. LUCIE, FL 34	983 US				
	e named entity s e of Florida.	submits this statement for the	ourpose of changing i	ts registered office or registered agent, or both,		
SIGNATUI	RE:					
	Electror	ic Signature of Registered Ag	ent	Date		
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD ( ) HALL, LINDA L 7655 14TH LAN VERO BEACH,		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	SD ( ) HALL, CLAREN 7655 14TH LAN VERO BEACH,	IE .	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	V () BASQUEZ, SUS 4715 KIRBY LO FORT PIERCE,	OOP ROAD	Title: Name: Address: City-St-Zip:	V (X) Change ( ) Addition BASQUEZ, SUSAN L 711 NW AIROSO BLVD PORT ST LUCIE, FL 34983 US		
Title: Name: Address: City-St-Zip:	V () HALL, DEBORA 4715 KIRBY LO FORT PIERCE,	OOP ROAD	Title: Name: Address: City-St-Zip:	V (X) Change ( ) Addition BUNT, DEBORAH J 711 NW AIROSO BLVD PORT ST LUCIE, FL 34983 US		
Title: Name:	V ( ) HALL, BARBAR	Delete A A	Title: Name:	V (X) Change ( ) Addition HALL, BARBARA A		

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

711 NW AIROSO BLVD

PORT ST LUCIE, FL 34983 US

SIGNATURE: CLARENCE F HALL SD 02/02/2008