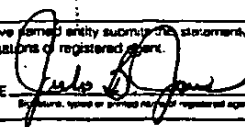
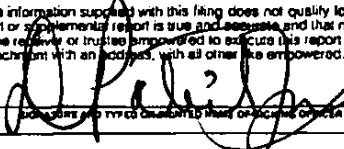


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

67. **FILED**
Aug 20, 2008 8:00 am
Secretary of State

06-25-2008 90010 009 ***150.00

DOCUMENT # P99000072903 1. Entity Name EDUCARE NATURAL FOODS AND BREAD OF LIFE BAKE SHOP, INC.		
Principal Place of Business 6100-G W. FAIRFIELD DR. PENSACOLA, FL 32506	Mailing Address 6100-G W. FAIRFIELD DR. PENSACOLA, FL 32506	
DO NOT WRITE IN THIS SPACE		
2. Name and Address of Current Registered Agent JONES, JULIE B 2012 N. 61ST AVE. PENSACOLA, FL 32506-3462		DO NOT WRITE IN THIS SPACE
3. 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:  5/27/08 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reappointing)		
FILE NOW!! FEE IS \$550.00 Due by September 12, 2008	4. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P JONES, JULIE B 2012 N 61 AVE PENSACOLA, FL 32506	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V JONES, D P 2012 N 61 AVE PENSACOLA, FL 32506	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST JONES, PATRICIA A 2012 N 61 AVE PENSACOLA, FL 32506	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-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 trustee or trustee empowered to execute this report as required by Chapter 807, 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: 		Date: 8-14-08 850-458-2223 Daytime Phone