

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90040 008 ***150.00

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1. Entity Name
BRIDGES TRANSITIONS CO.

Principal Place of Business
**3770 HOWARD HUGHES PKWY #195
LAS VEGAS, NV 89109-0940**

Mailing Address
**33637 B HWY 97 NORTH
OROVILLE, WA 98844**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

91-2038702

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DCEO** ☐ Delete
NAME **MANNING, DOUGLAS J**
STREET ADDRESS **200-1628 DICKSON AVE**
CITY-ST-ZIP **KELOWNA, BC, CANADA V1X 6E6,**

TITLE **DVP** ☐ Delete
NAME **WALKER, JOHN B**
STREET ADDRESS **200-1626 DICKSON AVE**
CITY-ST-ZIP **KELOWNA, BC, CANADA V1X 6E6,**

TITLE **DPVP** ☐ Delete
NAME **GRANTHAM, DIANE**
STREET ADDRESS **126 LANOAH LANE**
CITY-ST-ZIP **KELOWNA, BC, CANADA V1X 6E6,**

TITLE **D** ☐ Delete
NAME **CARY, COLIN**
STREET ADDRESS **11808 MORTHUP WAY, STE. 240**
CITY-ST-ZIP **BELLEVUE, WA 980051922**

TITLE **C** ☐ Delete
NAME **LANG, JUDY**
STREET ADDRESS **200-1628 DICKSON AVE**
CITY-ST-ZIP **KELOWNA, BC, CANADA VIX 6E6,**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **BRANDON MS 39042**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDY LANG

JAN. 30/06

Date

250-869-4312

Daytime Phone #