2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# F03000002467

Entity Name: BRIDGES TRANSITIONS CO.

Current Principal Place of Business:

3770 HOWARD HUGHES PKWY #195
LAS VEGAS, NV 891090940

New Principal Place of Business:

8485 WEST SUNSET RD.
LAS VEGAS, NV 89113

Current Mailing Address:

33637 B HWY 97 NORTH
OROVILLE, WA 98844

New Mailing Address:

3534 HAYDEN AVENUE
CULVER CITY, CA 902322413

FEI Number: 91-2038702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DCEO ( ) Delete
Name: THOMPSON, MICHAEL J
Address: 3534 HAYDEN AVE
City-St-Zip: CULVER CITY, CA 90232

Title: DVP ( ) Delete
Name: SCHURAMAN, RAMESH
Address: 3534 HAYDEN AVE
City-St-Zip: CULVER CITY, CA 90232

Title: VP ( ) Delete
Name: DICKIE, ROSS
Address: 200-1628 DICKSON AVE
City-St-Zip: KELOWNA, BC, CA V1V9XI

Title: D ( ) Delete
Name: SPITTLE, WILLIAM
Address: 200-1628 DICKSON AVE
City-St-Zip: KELOWNA, BC CANADA, V1Y- X1

Title: C (X) Delete
Name: KEYES, TRACEY
Address: 200-1628 DICKSON AVE
City-St-Zip: KELOWNA, BC, CA V1Y9X1

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change ( ) Addition
Name: SETHURAMAN, RAMESH
Address: 3534 HAYDEN AVE
City-St-Zip: CULVER CITY, CA 90232

Title: VP (X) Change ( ) Addition
Name: DICKIE, ROSS
Address: 200-1628 DICKSON AVE
City-St-Zip: KELOWNA, BC, CA V1Y 9X1

Title: C (X) Change ( ) Addition
Name: KEYES, TRACEY
Address: 200-1628 DICKSON AVE
City-St-Zip: KELOWNA, BC, CA V1Y 9X1

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: TRACEY KEYES C 03/30/2009

Electronic Signature of Signing Officer or Director — Date