

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002166

FILED
Mar 30, 2005
Secretary of State

Entity Name: BRIDGES ACROSS BORDERS, INC.

Current Principal Place of Business:

10121 S.W. 104 AVENUE
HAMPTON, FL 32044

New Principal Place of Business:

10121 S.W. 104 AVENUE
HAMPTON, FL 32044 US

Current Mailing Address:

P.O. BOX 103
GRAHAM, FL 32042

New Mailing Address:

P.O. BOX 103
GRAHAM, FL 32042 US

FEI Number: 02-0683003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSLEY, CAROL
10121 S.W. 104 AVENUE
HAMPTON, FL 32044 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VASQUEZ, ANA MARIA
Address: PO BOX 85878
City-St-Zip: TUCSON, AZ 85624

Title: VD () Delete
Name: LASKY, BRUCE
Address: PANNASASTRA UNIVERSITY OF CAMBODIA
City-St-Zip: PHNOM PENH, COMBODIA, OC

Title: SD () Delete
Name: MOSLEY, CAROL
Address: 10121 SW 104 AVENUE
City-St-Zip: HAMPTON, FL 32044

Title: TD () Delete
Name: PRED, DAVID
Address: 2110 NE 211 STREET
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VASQUEZ, ANAMARIA
Address: PO BOX 85878
City-St-Zip: TUCSON, AZ 85624 US

Title: VD (X) Change () Addition
Name: LASKY, BRUCE
Address: PANNASASTRA UNIVERSITY OF CAMBODIA
City-St-Zip: PHNOM PENH, CAMBODIA, FL 00000 OC

Title: SD (X) Change () Addition
Name: MOSLEY, CAROL
Address: 10121 S.W. 104 AVENUE
City-St-Zip: HAMPTON, FL 32044 US

Title: TD (X) Change () Addition
Name: PRED, DAVID
Address: 411 WALNUT STREET,#2812
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL MOSLEY

SD

03/30/2005

Electronic Signature of Signing Officer or Director

Date