2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 29, 2007
Secretary of State

DOCUMENT# N03000002166

Entity Name: BRIDGES ACROSS BORDERS, INC.

Current Principal Place of Business:

10125 S.W. 104 AVENUE
HAMPTON, FL 32044 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 103
GRAHAM, FL 32042 US

New Mailing Address:

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

Name and Address of New Registered Agent:

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

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: CAROL MOSLEY 05/29/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: VASQUEZ, ANAMARIA
Address: PO BOX 85878
City-St-Zip: TUCSON, AZ 85624 US

Title: VD ( ) Delete
Name: LASKY, BRUCE
Address: 144 H E, STREET 143 BKK III
City-St-Zip: PHNOM PENH, CAMBODIA, OC 00000 OC

Title: PD ( ) Delete
Name: MOSLEY, CAROL
Address: 10121 S.W. 104 AVENUE
City-St-Zip: HAMPTON, FL 32044 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: LASKY, BRUCE
Address: 144 H E, STREET 143 BKK III
City-St-Zip: PHNOM PENH, CAMBODIA, OC 00000 OC

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

Title: VD (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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL MOSLEY PD 05/29/2007
Electronic Signature of Signing Officer or Director Date