


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90042 042 \*\*\*150.00

**DOCUMENT # P01000053163**

1. Entity Name  
**A BRIDGE TO WELLNESS, INC.**



Principal Place of Business  
**815 E. 29TH ST.**  
**VANCOUVER, WA 98663-2713**

Mailing Address  
**4037 BAYBERRY DRIVE**  
**MELBOURNE, FL 32901-8457**



2. Principal Place of Business  
**316 E. FOURTH PLAZA BLVD**  
 Suite, Apt. #, etc.  
**SUITE B**

3. Mailing Address  
**815 E. 29th Street**  
 Suite, Apt. #, etc.

01192008 Chg-P CR2E034 (11/05)

City & State  
**VANCOUVER, WASHINGTON**

City & State  
**VANCOUVER, WASHINGTON**

4. FEI Number  
**59-3721684**

Applied For  
 Not Applicable

Zip  
**98663-3074**

Country  
**USA**

Zip  
**32901-8457**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ALRON ENTERPRIZE**  
**3990 MINTON ROAD**  
**MELBOURNE, FL 32904**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**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 <b>P</b>	<b>DELETE</b> <input type="checkbox"/>
NAME <b>VIGEANT, GARY H</b>	
STREET ADDRESS <b>4037 BAYBERRY DRIVE</b>	
CITY-ST-ZIP <b>MELBOURNE, FL 329018457</b>	
TITLE <b>S</b>	<b>DELETE</b> <input type="checkbox"/>
NAME <b>OCASIO, LINDA</b>	
STREET ADDRESS <b>4037 BAYBERRY DRIVE</b>	
CITY-ST-ZIP <b>MELBOURNE, FL 32901</b>	
TITLE	<b>DELETE</b> <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>DELETE</b> <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>DELETE</b> <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>P</b>	<b>CHANGE</b> <input checked="" type="checkbox"/> <b>ADDITION</b> <input type="checkbox"/>
NAME <b>Gary Vigeant</b>	
STREET ADDRESS <b>815 E. 29th Street</b>	
CITY-ST-ZIP <b>Vancouver, WA. 98663-2713</b>	
TITLE <b>S</b>	<b>CHANGE</b> <input checked="" type="checkbox"/> <b>ADDITION</b> <input type="checkbox"/>
NAME <b>Linda Ocasio</b>	
STREET ADDRESS <b>815 E. 29th. Street</b>	
CITY-ST-ZIP <b>Vancouver, WA. 98663-2713</b>	
TITLE	<b>CHANGE</b> <input type="checkbox"/> <b>ADDITION</b> <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>CHANGE</b> <input type="checkbox"/> <b>ADDITION</b> <input type="checkbox"/>
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]* **123-06 360-993-0599**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #