## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000076361

Entity Name: BRIDGEWAY RESORT VACATIONS, INC

FILED Jan 08, 2009 Secretary of State

| Current Principal Place of Business:                      |                                  | New Principal Place of Business:           |  |
|---|----------------------------------|--|--|
| 6 MAN-O-WAR CT<br>CALEDON EAST ONTARIO,                   |                                  | 6 MAN-O-WAR CT<br>CALEDON EAST, ON L3R 5L9 |  |
| Current Mailing Address:                                  |                                  | New Mailing Address:                       |  |
| %N. CURTIS<br>3055 CARDINAL DRIVE<br>VERO BEACH, FL 3296  |                                  |  |  |
| FEI Number: 65-0955332                                    | FEI Number Applied For ( )       | FEI Number Not Applicable ( )              | Certificate of Status Desired ( )      |
| Name and Address of Current Registered Agent:             |                                  | Name and Address of New Registered Agent:  |  |
| CURTIS, NED<br>3055 CARDINAL DRIVE<br>VERO BEACH, FL 3296 |                                  |  |  |
| The above named entity in the State of Florida.           | submits this statement for the p | ourpose of changing its registered         | I office or registered agent, or both, |
| SIGNATURE:  |                                  |  |  |
|   | nic Signature of Registered Age  | - n+                                       | Date                                   |

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: CAROL TOBIN LAWLOR N, ORTON, MCMULLE N CO. Name: CAROL TOBIN LAWLOR N, ORTON, MCMULLE N CO.

Address: ONE VALLEYWOOD DR STE 200 Address: ONE VALLEYWOOD DR STE 200

City-St-Zip: MARKHAM, ONTARIO CANADA, L3R5L9 City-St-Zip: MARKHAM, ONTARIO CANADA, ON L3R 519 CN

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: CAROL TOBIN LAWLOR NORTON, MCMULLEN CO. DIR 01/08/2009