


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 200836
 1. Entity Name
THE RIDGE, INC.



Principal Place of Business Mailing Address
THE RIDGE CO-OP APTS **THE RIDGE CO-OP APTS**
3401 S OCEAN BLVD **3401 S OCEAN BLVD**
HIGHLAND BEACH, FL 33487-2584 **HIGHLAND BEACH, FL 33487-2584**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-1206804 Not Applicable

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

6. Name and Address of Current Registered Agent
LIPPMAN, RICHARD
3401 SO OCEAN BLVD APT 1
HIGHLAND BEACH, FL 33487

DO NOT WRITE IN THIS SPACE

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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BARTKIV, STEPHEN
STREET ADDRESS	3401 SO OCEAN BLVD
CITY-ST-ZIP	HIGHLAND BCH, FL
TITLE	V
NAME	FRANKLIN, FRANK
STREET ADDRESS	3401 S OCEAN BLVD
CITY-ST-ZIP	HIGHLAND BCH, FL
TITLE	P
NAME	EYPEL, ARTHUR G
STREET ADDRESS	3401-S OCEAN BLVD
CITY-ST-ZIP	HIGHLAND BCH, FL
TITLE	D
NAME	CANTIN, EDMOND
STREET ADDRESS	90 BERLIOZ NUN ISLAND
CITY-ST-ZIP	MONTREAL, CANADA,
TITLE	S
NAME	HARDY, LENORE
STREET ADDRESS	3401 S. OCEAN BLVD.
CITY-ST-ZIP	HIGHLAND BCH, FL
TITLE	T
NAME	LIPPMAN, RICHARD
STREET ADDRESS	3401 SO. OCEAN BLVD
CITY-ST-ZIP	HIGHLAND BCH, FL

000000391992
 01/24/06-80064-003 150.00

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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]* *Richard Lippman* *1/2/06* *762-279-717*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #