2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 299522

Entity Name: BRIDGEHAMPTON INC.

FILED Dec 17, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
801 N. OCEAN BOULEVARD DELRAY BEACH, FL 33483	

Current Mailing Address:

801 N. OCEAN BOULEVARD
DELRAY BEACH, FL 33483

FEI Number: 59-1159154 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:

BALKERANO, JAMES A JR
1201 GEROGE BUSH BLVD.
DELRAY BEACH, FL 33483 US

BALLERANO, JAMES A JR
1201 GEORGE BUSH BLVD.
DELRAY BEACH, FL 33483 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: JAMES A BALLERANO, JR 12/17/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete () Change () Addition RHODES, NED Name: Name: 801 N OCEAN BLVD 4 Address: Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: Title: **VPDT** () Delete Title: (X) Change () Addition Name: FLINN, MICHAEL Name: FLINN, MICHAEL 801 N OCEAN BLVD 801 N OCEAN BLVD Address: Address: DELRAY BCH, FL DELRAY BCH, FL City-St-Zip: City-St-Zip:

Title: PD () Delete Title: PD (X) Change () Addition Name: CONDIE, PARKER B

Address: 801 N. OCEAN BLVD. APT. 10
City-St-Zip: DELRAY BEACH, FL 33483
City-St-Zip: DELRAY BEACH, FL 33483
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete Title: () Change () Addition

 Name:
 COPPEDGE, ROY F.
 Name:

 Address:
 801 N. OCEAN BLVD
 Address:

 City-St-Zip:
 DELRAY BCH, FL
 City-St-Zip:

Title: D () Delete Title: VPDT (X) Change () Addition

 Name:
 SMITH, MARCUS
 Name:
 SMITH, MARCUS

 Address:
 801 N OCEAN BLVD #5
 Address:
 801 N OCEAN BLVD #5

 City-St-Zip:
 DELRAY BEACH, FL 33483
 City-St-Zip:
 DELRAY BEACH, FL 33483

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: PARKER B CONDIE PD 12/17/2007