2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 299522

Entity Name: BRIDGEHAMPTON INC

FILED Mar 12, 2008 Secretary of State

•				
Current Principal Place of Business:			New Principal Place of Business:	
	EAN BOULEV BEACH, FL 334			
Current Mailing Address:			New Mailing Address:	
	EAN BOULEV BEACH, FL 334			
FEI Number	: 59-1159154	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	l Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
1201 GEO	NO, JAMES A RGE BUSH BL BEACH, FL 334	.VD.		
The above in the State	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
SIGNATUI	RE:			
	Electron	ic Signature of Registered Age	ent	Date
Election Ca	mpaign Financing	Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () RHODES, NED 801 N OCEAN E DELRAY BEAC		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () FLINN, MICHAE 801 N OCEAN E DELRAY BCH, I	BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	PD () CONDIE, PARK 801 N. OCEAN DELRAY BEAC	BLVD. APT. 10	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () COPPEDGE, R 801 N. OCEAN DELRAY BCH, I	BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VPDT () SMITH, MARCU 801 N OCEAN E DELRAY BEACI	BLVD #5	Title: Name: Address: City-St-Zip:	() Change () Addition

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 03/12/2008