2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 25, 2007 08:00 AN **DOCUMENT # 409987** 1. Entity Name **Secretary of State** MINNIE BRIDGES, P.A. Principal Placo of Business Mailing Address 4311 WATERFRONT PKWY 4311 WATERFRONT PKWY ORLANDO FL 32806 ORLANDO FL 32806 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, otc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Cily & State 4. FEI Number Applied For 59-1510161 Not Applicable Zφ Country Zip Country \$8.75 Additional Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRIDGES, MINNIE V 4311 WATERFRONT PARKWAY Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32806 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, typed or printed name or registered agent and trile i applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1,1 11. PSD 1110Dalete BHE ☐ Change Addition BRIDGES, MINNIE V NAME MAME U00000603849 4311 WATERFRONT PARKWAY STREET ADDRESS STREET ADDRESS 01/29/07-80030-019 150.00 ORLANDO FL 32806 CITY SI ZIP CITY-ST-7IP VPD IIII Delete HILL ☐ Change Addition BROWN, CECIL H NAME NAME 277 FORECAST LANE STREET ADDRESS STREET ADDRESS **ROCKLEDGE FL 32955** CHY SEZIP CHTY ST ZHP Imi Delete THE Change | Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY SLZIP CITY-ST ZIP HIM THE ☐ Addition ☐ Change NAM NAM SIGHT LADDRESS STREET ADDRESS CITY SEZIP CHY-ST ZIP 33118 ☐ Delete IIII Change ☐ Addition NAM STREET ADDRESS STRUCT ADDRESS City St ZIP CITY-ST ZIP IIII ☐ Delete IIILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath, 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.

CITY-SE-ZIP

SIGNATURE: MINING BRIDGES MINING BURGES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY ST-ZIP

1/22/07 407859-0164