2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2007
Secretary of State

DOCUMENT# F01000002053

Entity Name: BRIDGECOM INTERNATIONAL, INC.

Current Principal Place of Business:

800 WESTCHESTER AVE
SUITE N501
PORT CHESTER, NY 10573

New Principal Place of Business:

Current Mailing Address:

800 WESTCHESTER AVE
SUITE N501
PORT CHESTER, NY 10573

New Mailing Address:

FEI Number: 13-4123985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	O	( ) Delete
Name:	CROTTY, BRIAN	
Address:	800 WESTCHESTER AVE STE N501	
City-St-Zip:	PORT CHESTER, NY 10573	
Title:	O	( ) Delete
Name:	RINKER, COREY	
Address:	800 WESTCHESTER AVE STE N501	
City-St-Zip:	PORT CHESTER, NY 10573	
Title:	O	( ) Delete
Name:	HUNTER, CHARLES	
Address:	800 WESTCHESTER AVE STE N501	
City-St-Zip:	PORT CHESTER, NY 10573	
Title:	OD	( ) Delete
Name:	TUNNEY, STEVEN F	
Address:	1100 WILSON BOULEVARD	
City-St-Zip:	ARLINGTON, VA 22209	
Title:	D	( ) Delete
Name:	MITCHELL, BRIAN J	
Address:	1100 WILSON BOULEVARD	
City-St-Zip:	ARLINGTON, VA 22209	
Title:	D	( ) Delete
Name:	RUBENSTEIN, SAMUEL G	
Address:	1100 WILSON BOULEVARD	
City-St-Zip:	ARLINGTON, VA 22209	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	O	(X) Change ( ) Addition
Name:	ROBINSON, MICHAEL K	
Address:	800 WESTCHESTER AVE STE N501	
City-St-Zip:	PORT CHESTER, NY 10573	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: CHARLES C. HUNTER O 09/12/2007

Electronic Signature of Signing Officer or Director — Date