


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90025 043 ***150.00

DOCUMENT # F01000002053	
1. Entity Name BRIDGECOM INTERNATIONAL, INC.	

Principal Place of Business 800 WESTCHESTER AVE SUITE N501 PORT CHESTER, NY 10573	Mailing Address 800 WESTCHESTER AVE SUITE N501 PORT CHESTER, NY 10573
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40053158



2. Principal Place of Business - No P.O. Box # <i>Same</i>	3. Mailing Address <i>2100 Renaissance Blvd</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <i>King of Prussia, PA</i>
Zip	Country <i>U.S.A.</i>
Country	Zip <i>19406</i>

02012008 Chg-P CR2E034 (12/06)

4. FEI Number 13-4123985	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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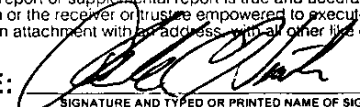
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O ROBINSON, MICHAEL K 800 WESTCHESTER AVE STE N501 PORT CHESTER, NY 10573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O RINKER, COREY 800 WESTCHESTER AVE STE N501 PORT CHESTER, NY 10573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O HUNTER, CHARLES 800 WESTCHESTER AVE STE N501 PORT CHESTER, NY 10573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD TUNNEY, STEVEN F 1100 WILSON BOULEVARD ARLINGTON, VA 22209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, BRIAN J 1100 WILSON BOULEVARD ARLINGTON, VA 22209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBENSTEIN, SAMUEL G 1100 WILSON BOULEVARD ARLINGTON, VA 22209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, and all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/08 914-922-7589
Date Daytime Phone #