## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 29, 2007 08:00 AM Secretary of State

ANNOAL NEFONT				. Sar	retary of	State
DOCUMENT # H52744  1. Enlity Name BRIDGE VENTURES, INC.				Sec	iciary of	Jiaic
Principal Place of Business 1241 GULF OF MEXICO DRIVE SUITE 408 LONGBOAT KEY, FL 34228 US	Mailing Address 1241 GULF OF MEXICO DRIVE SUITE 408 LONGBOAT KEY, FL 34228	US				
DO NOT WRITE	IN THIS SPA	CE	01222007 4. FEI Numbe NOT AP	No Chg-P	CR2E034 (11/05)	oplied For Applicable fitional
6. Name and Address of Current R	egistered Agent	1	<u></u>			
FREEDMAN, HARRIS 1241 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228  8. The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its register	red office of reg	IN T	NOT W THIS SP	ACE	and accept
SIGNATURE Signature, typed or printed name of registered agent an	d title if applicable (NOTE, Registere	ed Agent signature re	quired when reinstating)		DATE	<del></del> . · · ·
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.0	9. Election Campaign Fina	incing	\$5.00 May Be Added to Fees			
10. OFFICERS AND D  INLE DPS  NAME FREEDMAN, ANNELIES  SIRELI ADDRESS 1241 GULF OF MEXICO  CITY-ST-ZIP LONGHBOAT KEY, FL  TITLE AS  NAME FREEDMAN, HARRIS  SIRELI ADDRESS 1241 GULF OF MEXICO DRIVE  CITY-ST-ZIP LONGBOAT KEY, FL	RECTORS			U000 02/01/0	00608506 )7-80013-020	150.00
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12. I hereby certify that the information supplied with this filling 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, with all other like empowered.

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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-ZIP

AND A TUMMAN

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/07 917

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