


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # H52744**

1. Entity Name  
**BRIDGE VENTURES, INC.**



Principal Place of Business <b>1241 GULF OF MEXICO DRIVE          SUITE 408          LONGBOAT KEY, FL 34228 US</b>	Mailing Address <b>1241 GULF OF MEXICO DRIVE          SUITE 408          LONGBOAT KEY, FL 34228 US</b>
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01222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

**FREEDMAN, HARRIS  
 1241 GULF OF MEXICO DRIVE  
 LONGBOAT KEY, FL 34228**

**DO NOT WRITE  
 IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS FREEDMAN, ANNELIES 1241 GULF OF MEXICO LONGBOAT KEY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS FREEDMAN, HARRIS 1241 GULF OF MEXICO DRIVE LONGBOAT KEY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FREEDMAN, MICHAEL 225 E 63RD ST NEW YORK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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, with all other like empowered.

**SIGNATURE:** Harris Freedman 1/22/07 917533-2914  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #