


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90015 011 ***158.75

DOCUMENT # M68665
 1. Entity Name
BRIDGE DESIGN ASSOCIATES, INC.



Principal Place of Business
7812 BELVEDERE ROAD
WEST PALM BEACH, FL 33411

Mailing Address
P.O. BOX 210173
WEST PALM BEACH, FL 33421-0173

50000924

2. Principal Place of Business
2035 Vista Parkway

3. Mailing Address
2035 Vista Parkway

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

01052005 Chg-P CR2E034 (10/03)

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

4. FEI Number
65-0030131

Applied For
 Not Applicable

Zip
33411

Country
USA

Zip
33411

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MARELL, WILLIAM J.
1601 FORUM PLACE.
SUITE 1101
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RHEAULT, BRIAN C 11858 ACME ROAD WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Brian C. Rheault** **01/06/05** **561-686-3660**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #