2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009649

City-St-Zip:

WINTER PARK, FL 32789

BRIDGEBLIII DERS OF WINTER PARK, INC.

FILED Apr 25, 2006 Secretary of State

Entity Name: BRIDGEBUILDERS OF WINTER PARK, INC.							
Current P	rincipal Place	of Business:	New Principal Place of Business:				
	THWOOD CIRC PARK, FL 3278						
Current M	lailing Addres	s:	New Mailing Address:				
	HWOOD CIRC PARK, FL 3278						
FEI Number	: 20-1843066	FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired (X)				
Name and	Address of C	Current Registered Agent:	Name and	Address of I	New Registered Agent:		
	ANIE THWOOD CIRO PARK, FL 3278						
	named entity se of Florida.	submits this statement for the p	ourpose of changing i	ts registered o	office or registered agent, or bo	oth,	
SIGNATUR	RE:						
	Electror	ic Signature of Registered Age	ent		Date	_	
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DCC () BAKER, JANIE 650 NORTHWO WINTER PARK		Title: Name: Address: City-St-Zip:	DP (X BAKER, JANIE 650 NORTHWO WINTER PARK	DOD CIRCLE		
Title: Name: Address: City-St-Zip:	WEINBERG, K	AVENUE #303B	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	DCM () RAY, ANNIE 761 NORTHWO WINTER PARK		Title: Name: Address: City-St-Zip:	DV (X RAY, ANNIE 761 NORTHWO WINTER PARK			
Title: Name: Address: City-St-Zip:	DS () DIXON, BEVER 431 S PENNSY WINTER PARK	LVANIA AVE	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address:	DT () HAMMOND, WI 430 CAROLINA		Title: Name: Address:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JANIE BAKER P 04/25/2006