## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000001126

Entity Name: WE CARE BRIDGING GAPS, INC.

FILED Apr 10, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2021 S SUMMERLIN AVE SANFORD, FL 327714630				1706 MULBERRY AVE SANFORD, FL 32771			
Current Mailing Address:				New Mailing Address:			
2021 S SUMMERLIN AVE SANFORD, FL 327714630				1706 MULBERRY AVE SANFORD, FL 32771			
FEI Number:	59-2497490	FEI Number Applied For ( )	FEI Num	nber Not Appli	cable ( )	Certifica	ate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
MARTIN, EDDIE 2021 S SUMMERLIN AVE SANFORD, FL 327714630 US				MARTIN, EDDIE 1706 MULBERRY AVE SANFORD, FL 32771 US			
The above in the State		ubmits this statement for the pu	rpose of	f changing it	s registered of	fice or ı	registered agent, or both,
SIGNATURE:						C	)4/10/2007
	Electron	ic Signature of Registered Agen	t				Date
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OF	FICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	CEO () MARTIN, EDDIE 2021 S SUMME SANFORD, FL	RLIN AVE		Title: Name: Address: City-St-Zip:	CEO (X) MARTIN, EDDIE 17006 MULBER SANFORD, FL	RY AVE	( ) Addition
Title: Name: Address: City-St-Zip:	D () ASH, WILLIE M/ 8102 STONEBR SANFORD, FL	OOK DRIVE		Title: Name: Address: City-St-Zip:	()	Change	( ) Addition
Title: Name: Address: City-St-Zip:	D () MORRIS, OSCA 2571 E 21ST ST SANFORD, FL	REET		Title: Name: Address: City-St-Zip:	( )	Change	( ) Addition
Title: Name: Address: City-St-Zip:	P () HENRY, JAN 205 TERRY LAN SANFORD, FL			Title: Name: Address: City-St-Zip:	()	Change	( ) Addition
Title: Name: Address: City-St-Zip:	D () ROBERSON, GF 1413 LOCUST A SANFORD, FL	VENUE		Title: Name: Address: City-St-Zip:	( )	Change	( ) Addition
Title: Name: Address: City-St-Zip:	TS () HARVEY, ERIKA 234 KRIDER RO SANFORD, FL	DAD		Title: Name: Address: City-St-Zip:	( )	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.

SIGNATURE: EDDIE MARTIN CEO 04/10/2007