2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State
04-17-2008 90015 028 ****70.00

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1. Entity Name
BRIDGES TO SUDAN, INC.

Principal Place of Business	Mailing Address
4705 CATTAIL LAGOON WAY PONTE VEDRA BEACH, FL 32802	4705 CATTAIL LAGOON WAY PONTE VEDRA BEACH, FL 32802

04052008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4705 Cattail Lagoon Way	4705 Cattail Lagoon Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ponte Vedra Beach Fl	City & State: Ponte Vedra Beach Fl
Zip: 32082 Country:	Zip: 32082 Country:

4. FEI Number: 260599789 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAECKLE, TINA 4705 CATTAIL LAGOON WAY PONTE VEDRA BEACH, FL 32802	Name: JAECKLE, TINA Street Address (P.O. Box Number is Not Acceptable): 4705 CATTAIL LAGOON WAY City: PONTE VEDRA BEACH FL Zip Code: 32082

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: Tina Jaeckle, P.K.D. / Tina Jaeckle 4-14-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOBUNG, ROBERT 7147 OLD KINGS RD. S., APT 110 JACKSONVILLE, FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAECKLE, TINA 4705 CATTAIL LAGOON WAY PONTE VEDRA BEACH, FL 32802	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZIRAKVICH, MARIA 6821 SOUTH POINT DR. N., SUITE 109 JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZARAKHOVICH MARIA 6821 SOUTHPOINT DR N, SUITE 109 JACKSONVILLE FL 32216	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AKECH, ANTHONY 3770 TOLEDO RD., #152 JACKSONVILLE, FL 32217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SATOSKAR, VIJAY JACKSONVILLE FL 32206	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 617, 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: Tina Jaeckle P.K.D. / Tina Jaeckle 4-14-08 904-237-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #