


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000005647
 1. Entity Name
 BRIDGES OF AMERICA - THE POLK BRIDGE, INC.



Principal Place of Business 2001 MERCY DR SUITE 101 ORLANDO, FL 32808 US	Mailing Address 2001 MERCY DR SUITE 101 ORLANDO, FL 32808 US
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03212007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-3289594	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WILLIAM R LOWMAN, JR.
 SHUFFIELD, LOWMAN & WILSON, P.A.
 1000 LEGION PLACE, SUITE 1700
 ORLANDO, FL 32801

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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 reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

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	D BROWN, CHARLES 5519 BAY SIDE DR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BROWN, DONALD S 6325 WHIP-O-WILL LANE ST CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LORI CONSTANTINO-BROWN 5519 BAY SIDE DR ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADOUSE, PATRICIA 8085 N CADIZ CT ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCMURTY, GRADY S 4698 HALL RD ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/10/07-80049-011 61.25

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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 supplementary 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 my address, with all other like empowered.

SIGNATURE: Lori Constantino 3/29/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #