2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2008 08:00 Al Secretary of State

ANIOALILIONI		
DOCUMENT # N9900000950 1. Entity Name THE WISDOM BRIDGE, INC.		
Principal Place of Business	Mailing Address	
6802 STAPOINT CT WINTER PARK, FL 32792	6802 STAPOINT CT Winter Park, Fl 32792	



DO NOT WRITE IN THIS SPACE

01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number	L	Applied For
59-3558464		Not Applicable
5. Certificate of Status Desired	\$8.75 Fee Re	Additional quired

6. Name and Address of Current Registered Agent

SINGER, MARY S 6802 STAPOINT CT WINTER PARK, FL 32792

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changing its registeretions of registered agent.	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE			
	Filling Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Finan Trust Fund Contribution.	icing \$5.00 May Be	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPVT SINGER, MARY'S 6802 STAPOINT CT WINTER PARK, FL 32792	to take the first of the state	
NAME STREET ADDRESS CITY-ST-ZIP	SD SINGER, MARY S 6802 STAPOINT CT WINTER PARK, FL 32792	U00009784266 01/16/08-80046-022 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, JOANN 2280 WINSLOW CIR CASSELBERRY, FL 32707	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGER, MARY A 618 GLENARDEN RD WINTER PARK, FL 32792	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- 160 - 1 · 40 · 40 · 1		
12. I hereby o	certify that the information supplied with this filing does not qualify for the exe	emptions 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 a facility like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

18/08 (401

Daytime Phone ∉