2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

DOCUMENT# N99000004824

Entity Name: FIFTY PLUS & BRIDGING, INC.

Current Principal Place of Business:

C/O TERRILYENE P. NUNEZ
440 NEPTUNE DRIVE, N.E.
PALM BAY, FL 32907

New Principal Place of Business:

Current Mailing Address:

C/O TERRILYENE P. NUNEZ
440 NEPTUNE DRIVE, N.E.
PALM BAY, FL 32907

New Mailing Address:

FEI Number: 59-3602309 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NUNEZ, TERRILYENE P
440 NEPTUNE DRIVE, N.E.
PALM BAY, FL 32907 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	NUNEZ, TERRILYENE P	
Address:	440 NEPTUNE DR., N.E.	
City-St-Zip:	PALM BAY, FL 32907	
Title:	VPD	( ) Delete
Name:	WEIR, OLGA	
Address:	866 HAWSER ST. NE	
City-St-Zip:	PALM BAY, FL 32907	
Title:	SD	( ) Delete
Name:	LAWRENCE, IVY	
Address:	235 EVERGREEN ST. N.E	
City-St-Zip:	PALM BAY, FL 32907	
Title:	TD	( ) Delete
Name:	HOLDER, HAZELINE	
Address:	356 PIPIT ST NE	
City-St-Zip:	PALM BAY, FL 32907	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TERRILYENE P NUNEZ PD 04/11/2005

Electronic Signature of Signing Officer or Director — Date