


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90042 042 ***150.00

DOCUMENT # P01000053163	
1. Entity Name A BRIDGE TO WELLNESS, INC.	

Principal Place of Business 815 E. 29TH ST. VANCOUVER, WA 98663-2713	Mailing Address 4037 BAYBERRY DRIVE MELBOURNE, FL 32901-8457
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2. Principal Place of Business 316 E. FOURTH PLAZA BLVD SUITE, Apt. #, etc. SUITE B	3. Mailing Address 815 E. 29TH STREET SUITE, Apt. #, etc.
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01192008 Chg-P CR2E034 (11/05)

City & State VANCOUVER, WASHINGTON	City & State VANCOUVER, Washington
Zip 98663-3074	Zip 98663-2713
Country USA	Country USA

4. FEI Number 59-3721684	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent ALRON ENTERPRIZE 3990 MINTON ROAD MELBOURNE, FL 32904	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number Is Not Acceptable)	
City	
FL	Zip Code

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 _____	(NOTE: Registered Agent signature required when re-registering)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME VIGEANT, GARY H	
STREET ADDRESS 4037 BAYBERRY DRIVE	
CITY-ST-ZIP MELBOURNE, FL 329018457	
TITLE S	<input type="checkbox"/> Delete
NAME OCASIO, LINDA	
STREET ADDRESS 4037 BAYBERRY DRIVE	
CITY-ST-ZIP MELBOURNE, FL 32901	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Gary Vigeant	
STREET ADDRESS 815 E. 29th Street	
CITY-ST-ZIP Vancouver, WA. 98663-2713	
TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Linda Ocasio	
STREET ADDRESS 815 E. 29th. Street	
CITY-ST-ZIP Vancouver, WA. 98663-2713	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 607, 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: 	123-06 360-993-0599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #