


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90036 019 ***150.00

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

Principal Place of Business 316 E. 4TH PLAIN BLVD SUITE B VANCOUVER, WA 98663-3074	Mailing Address 316 E. 4TH PLAIN BLVD SUITE B VANCOUVER, WA 98663-3074
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 815 E. 29th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State VANCOUVER, WA	
Zip	Country	Zip	Country
		98663-2713	USA



01132007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3721684		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALRON ENTERPRIZE 3990 MINTON ROAD MELBOURNE, FL 32904		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VIGEANT, GARY H 815 E. 29TH ST VANCOUVER, WA 986632713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S OCASIO, LINDA 815 E. 29TH ST VANCOUVER, WA 986632713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: GARY H VIGEANT, PRESIDENT 360-993-0599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2-12-07