

**- 2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**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  
**815 E. 29TH ST.  
VANCOUVER, WA 98663-3074**



04062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3721684** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ALRON ENTERPRIZE  
3990 MINTON ROAD  
MELBOURNE, FL 32904**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**000000897535  
04/25/08-80052-011 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	VIGEANT, GARY H
STREET ADDRESS	815 E. 29TH ST
CITY-ST-ZIP	VANCOUVER, WA 986632713
TITLE	S
NAME	OCASIO, LINDA
STREET ADDRESS	815 E. 29TH ST
CITY-ST-ZIP	VANCOUVER, WA 986632713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 **GARY H. VIGEANT, President** 4/6/2008 360-993-0599  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #