## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000046099

Address:

City-St-Zip:

17903 SW 13TH STREET

PEMBROKE PINES, FL 33029

Entity Name: BRIDGEPOINT FINANCIAL GROUP, INC

FILED May 30, 2006 Secretary of State

	e. Brabe	ZEI OIIVI I IIVIIVOIVE OIVOOI , II	<b>10</b> .		
Current P	rincipal Pla	ace of Business:	New Principal Place	New Principal Place of Business:	
9371 S.W. 88TH TERR MIAMI, FL 33176			SUITE 213	14707 SOUTH DIXIE HIGHWAY SUITE 213 PALMETTO BAY, FL 33176	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
9371 S.W. 88TH TERR MIAMI, FL 33176			SUITE 213	14707 SOUTH DIXIE HIGHWAY SUITE 213 PALMETTO BAY, FL 33176	
FEI Number	: 01-0673414	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
9371 S.W. MIAMI, FL		₹ J\$	purpose of changing its registered	d office or registered agent, or both,	
	e of Florida.	,	panpasa aramang ng na ragialana		
SIGNATUI					
	Elect	ronic Signature of Registered Ag	ent	Date	
		.193(2)(b), F.S., the corporation did n cing Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD MOHANDAS 9371 S.W. 8 MIAMI, FL 3	88TH TERR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD MOHANDAS 9371 S.W. 8 MIAMI, FL 3	88TH TERR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	DIR WHITNEY:	( ) Delete STEPHEN	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: RAJU MOHANDAS PD 05/30/2006