2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000050416

MARIETTA, GA 30067

City-St-Zip:

FILED Apr 11, 2009 Secretary of State

Entity Name: BLUEBRIDGE SYSTEMS, INC. **Current Principal Place of Business: New Principal Place of Business:** 2150 NORTHWEST PARKWAY SUITE H MARIETTA, GA 30067 **New Mailing Address: Current Mailing Address:** 2150 NORTHWEST PARKWAY SUITE H MARIETTA, GA 30067 FEI Number: 14-1874176 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PASQUARELLO, JAMES A 5775 NORTH ANDREWS WAY FORT LAUDERDALE, FL 33309 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition WISE, CHRIS WISE, CHRIS Name: Name: 2150 NORTHWEST PARKWAY SUITE H 2150 NORTHWEST PARKWAY SUITE H Address: Address: City-St-Zip: MARIETTA, GA 30067 US City-St-Zip: MARIETTA, GA 30067 US Title: Title: () Change () Addition () Delete Name: PARRIS, CHRIS Name: 2150 NORTHWEST PARKWAY SUITE H Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: CHRIS WISE MR 04/11/2009