

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000128521

FILED
Apr 20, 2006
Secretary of State

Entity Name: BRIDGE POINTE, INC.

Current Principal Place of Business:

260 WEKIVA SPRINGS RD.
LONGWOOD, FL 327793606

New Principal Place of Business:

260 WEKIVA SPRINGS RD.
SUITE 1040
LONGWOOD, FL 327793606 US

Current Mailing Address:

260 WEKIVA SPRINGS RD.
LONGWOOD, FL 327793606

New Mailing Address:

P.O. BOX 914700
LONGWOOD, FL 327914700 US

FEI Number: 16-1643621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Title: CEO () Delete
Name: ROBERTS, D. GENE
Address: 260 WEKIVA SPRINGS RD.
City-St-Zip: LONGWOOD, FL 327793606

Title: PD () Delete
Name: ROBERTS, D. GENE
Address: 260 WEKIVA SPRINGS RD.
City-St-Zip: LONGWOOD, FL 327793606

Title: ST () Delete
Name: CECCONI, KELLY A
Address: 260 WEKIVA SPRINGS RD.
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: KELLY A. CECCONI

ST

04/20/2006

Electronic Signature of Signing Officer or Director

Date