

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90265 040 \*\*\*150.00

|   |   |                     |   |   |  |
|---|---|---------------------|---|---|--|
| <b>DOCUMENT # P03000034691</b><br>1. Entity Name<br><b>RIDGE HOLDINGS, INC.</b>   |   |                     |   |   |  |
| Principal Place of Business<br><b>28100 U.S. HIGHWAY 19 NORTH, SUITE 300<br/>CLEARWATER, FL 33761</b>   |   |                     | Mailing Address<br><b>28100 U.S. HIGHWAY 19 NORTH, SUITE 300<br/>CLEARWATER, FL 33761</b> |   |  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc. |   |   |  |
| City & State  |   | City & State        |   |   |  |
| Zip   |   | Country             |   | Zip   |  |
| Country   |   | Country             |   | Country   |  |
| 4. FEI Number<br><b>APPLIED FOR</b>   |   |                     |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |   |                     |   | 03082005 Chg-P CR2E034 (10/03)  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>RABIN, BENNETT L ESQ.<br/>28100 U.S. HIGHWAY 19 NORTH<br/>SUITE 300<br/>CLEARWATER, FL 33761</b>  |   |                     |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>   |   |                     |   |   |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2005 Fee will be \$550.00</b> </div> <div style="width: 30%;">         9. Election Campaign Financing<br/>         Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees       </div> <div style="width: 30%;"></div> </div>   |   |                     |   |   |  |
| 10. OFFICERS AND DIRECTORS  |   |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                     |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>BRUDNY, MICHAEL J<br>28100 U.S. HIGHWAY 19 NORTH, SUITE 300<br>CLEARWATER, FL 33761 |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VSD<br>RABIN, BENNETT L<br>28100 U.S. HIGHWAY 19 NORTH, SUITE 300<br>CLEARWATER, FL 33761 |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |                     | 3/8/05 (727)796-1122<br><small>Date Daytime Phone</small>                                 |   |  |

Michael J. Brudny

66017233



*Handwritten:*  
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5/9/05