## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000073186

Entity Name: BRIDGE CONCEPTS, INC.

FILED Jan 19, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
14928 CASI TAMPA, FL			SUITE 105	15100 HUTCHISON ROAD SUITE 105 TAMPA, FL 33625		
Current Mailing Address:			New Mailii	New Mailing Address:		
14928 CASEY ROAD TAMPA, FL 33624			SUITE 105	15100 HUTCHISON ROAD SUITE 105 TAMPA, FL 33625		
FEI Number: (	06-1700357	FEI Number Applied For ( ) FEI	Number Not Appli	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Address of I	New Registered Agent:	
MEDINA, HECTOR L 14928 CASEY ROAD TAMPA, FL 33624 US			15100 HÚT SUITE 105	MEDINA, HECTOR L P.E. 15100 HUTCHISON ROAD SUITE 105 TAMPA, FL 33625 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: HECTOR L. MEDINA				01/19/2007		
Electronic Signature of Registered Agent					Date	
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () MEDINA, HECTO 14928 CASEY R TAMPA, FL 336	OAD	Title: Name: Address: City-St-Zip:	MEDINA, HEC	ISON ROAD SUITE 105	
Title: Name: Address: City-St-Zip:	SD () MAUSER, JOHN 9120 HARRISON INDIANAPOLIS,	I PARK COURT	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () SWIDAN, IBRAH 9120 HARRISON INDIANAPOLIS,	I PARK COURT	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	TD () SPAANS, LEO 9120 HARRISON INDIANAPOLIS,		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () STEIJLEN, PAUI 14928 CASEY R TAMPA, FL 336	D.	Title: Name: Address: City-St-Zip:	STEIJLEN, PAI	ISON ROAD SUITE 105	

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: HECTOR L. MEDINA PD 01/19/2007