## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000084391

1315 LUCAYA AVENUE

VENICE, FL 34285

Address: City-St-Zip: FILED Jan 10, 2006 Secretary of State

Entity Name: SWINGING BRIDGE, INC. **Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 218 LAUREL, FL 34272 **Current Mailing Address: New Mailing Address:** P.O. BOX 218 LAUREL, FL 34272 FEI Number: 32-0119061 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: STEPHAN, MICHELE S ESQUIRE 101 WEST VENICE AVENUE SUITE 8 VENICE, FL 34285 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: () Change () Addition BRYSON, CHRISTOPHER Name: Name: P.O. BOX 218 Address: Address: City-St-Zip: LAUREL, FL 34272 City-St-Zip: Title: TD Title: () Delete (X) Change ( ) Addition Name: COLPITTS, ALAN Name: COLPITTS, ALAN 320 S. QUINCEY ROAD 3233 ELLIOT STREET Address: Address: NOKOMIS, FL 34275 VENICE, FL 34292 City-St-Zip: City-St-Zip: VPSD Title: Title: ( ) Delete () Change () Addition FOSTER, STUART W Name: Name:

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: STUART W. FOSTER VPSD 01/10/2006