

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000118394

FILED
Jan 14, 2007
Secretary of State

Entity Name: BIZ-2-ME, INC.

Current Principal Place of Business:

5594 CORD GRASS LANE
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

1301 W EAU GALLIE BLVD
STE 106
MELBOURNE, FL 32935

Current Mailing Address:

3830 SOUTH HIGHWAY A1A
STE. 4-124
MELBOURNE BEACH, FL 32951

New Mailing Address:

1301 W EAU GALLIE BLVD
STE 106
MELBOURNE, FL 32935

FEI Number: 20-4030684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRIDGES, THOMAS L
5594 CORD GRASS LANE
MELBOURNE BEACH, FL 32951 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: PD () Delete
Name: BRIDGES, THOMAS L
Address: 5594 CORD GRASS LANE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VD () Delete
Name: TAI, ROLAND
Address: 26 SUNDANCE DRIVE
City-St-Zip: COS COB, CT 06807

Title: SD () Delete
Name: BRIDGES, MARIANNE B
Address: 5594 CORD GRASS LANE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: TD () Delete
Name: MAZZOCCHI, RUDY
Address: 216 LANSING ISLAND DRIVE
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D () Delete
Name: HENDERSON, JAMIE MD
Address: 241 SANTA TERESA LANE
City-St-Zip: STANFORD, CA 94305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: BRIDGES, THOMAS L
Address: 5594 CORD GRASS LANE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: CFO (X) Change () Addition
Name: HOELLER, DAVID
Address: 2758 S HWY A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

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

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

Title: D (X) Change () Addition
Name: HENDERSON, JAIMIE MD
Address: 241 SANTA TERESA LANE
City-St-Zip: STANFORD, CA 94305

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: THOMAS L BRIDGES

CEO

01/14/2007

Electronic Signature of Signing Officer or Director

_____ Date