

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000118394

FILED  
May 19, 2008  
Secretary of State

Entity Name: BIZ-2-ME, INC.

## Current Principal Place of Business:

1301 W EAU GALLIE BLVD  
STE 106  
MELBOURNE, FL 32935

## New Principal Place of Business:

100 RIALTO PLACE  
STE 731  
MELBOURNE, FL 32909

## Current Mailing Address:

1301 W EAU GALLIE BLVD  
STE 106  
MELBOURNE, FL 32935

## New Mailing Address:

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

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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, JAIMIE MD  
Address: 241 SANTA TERESA LANE  
City-St-Zip: STANFORD, CA 94305

## 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:

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 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

05/19/2008

Electronic Signature of Signing Officer or Director

Date