


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 A
Secretary of State

DOCUMENT # P04000142441

1. Entity Name
BRIDGETOWN PROPERTIES, INC.



Principal Place of Business 8961 SE BRIDGE RD HOBE SOUND, FL 33455	Mailing Address 8961 SE BRIDGE RD HOBE SOUND, FL 33455
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DO NOT WRITE IN THIS SPACE



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1756498	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BELFORD, ANDREW
8961 SE BRIDGE RD
HOBE SOUND, FL 33455**

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	KRISKE, MARY
STREET ADDRESS	% 8961 SE BRIDGE RD
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	D
NAME	MODICA, CHARLES
STREET ADDRESS	% 8961 SE BRIDGE RD
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Mary M. Kriske, MARY M. KRISKE 2/9/07 772-545-0022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #