## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

## Jul 24, 2006 8:00 am Secretary of State **DOCUMENT # P05000057195** 1. Entity Name 07-24-2006 90001 045 \*\*\*150.00 JJ BRIDGE MANAGEMENT GROUP, INC. Principal Place of Business Mailing Address JUUGGOJD 2218 9TH AVENUE EAST 2218 9TH AVENUE EAST BRADENTON, FL 34208 BRADENTON, FL 34208 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07172006 CR2E034 (11/05) Chg-P City & State City & State Applied For 4, FEI Number 43-207992 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EDWARDS, INEDA Street Address (P.O. Box Number is Not Acceptable) 2218 9TH AVENUE EAST BRADENTON, FL 34208 Zip Code 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, registered agent. TNEDA COWARDS SIGNATUR 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PVD TITLE Delete TITLE Change ☐ Addition EDWARDS, INEDA NAME NAME STREET ADDRESS 2218 9TH AVENUE EAST STREET ADDRESS CITY-ST-70P BRADENTON, FL 34208 CITY-ST-ZIP ST TITLE Delete TITLE Change ☐ Addition EDWARDS, INEDA NAME NAME STREET ADDRESS 2218 9TH AVENUE EAST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 attag/ment/with an address, witigal other like empowered.

SIGNATURE:

ENEDA COWARDS PRESSORT 7/17/06 941-545-7829

ER OR DIRECTOR

Date

Date

DetermoPrione #

**FILED**