'2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 02, 2007 8:00 am Secretary of State **DOCUMENT # P05000057195** 04-02-2007 90078 012 ***150.00 JJ BRIDGE MANAGEMENT GROUP, INC. Principal Place of Business Mailing Address 2218 9TH AVENUE EAST 2218 9TH AVENUE EAST BRADENTON, FL 34208 BRADENTON, FL 34208 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03242007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 43-2079928 Not Applicable Zip Country 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 City Zip Code 8. The above named entity submits this settlement 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 Ineda Edwards, SIGNATUR (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PVD TITLE ☐ Delete TITLE ☐ Change Addition NAME EDWARDS, INEDA STREET ADDRESS 2218 9TH AVENUE EAST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Treasury NAME EDWARDS, INEDA NAME Ineda Edwards STREET ADDRESS STREET ADDRESS 2218 9TH AVENUE EAST 2218 97h Ave E, Bradenton, Fl 34208 CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIP TITLE ☐ Delete Secretary NAME NAME Jessica Mclemore-Corley STREET ADDRESS STREET ADDRESS 11008 Laurel Brook Court CITY - ST - ZIP CITY-ST-7IP Riverview, Ft. 33569 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ 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 filling 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 adoress, with all other like empowered.

Waw geda Edwards, President

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytime Phone #