

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90221 022 \*\*\*150.00

**20036055**



04102006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000092041</b> 1. Entity Name <b>BRITE BRIDGES, INC.</b>																					
Principal Place of Business <b>4405 WHISPERING PINES LANE FT PIERCE, FL 34982</b>			Mailing Address <b>4405 WHISPERING PINES LANE FT PIERCE, FL 34982</b>																		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>X 20-3090773</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For  <input checked="" type="checkbox"/> Not Applicable       </div>																	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>WILSON-DAMPIER, ROSALYN 4405 WHISPERING PINES LANE FT PIERCE, FL 34982</b>																	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 of registered agent.  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">TITLE</td> <td style="width: 10%; padding: 2px;">D</td> <td style="width: 70%; padding: 2px;">WILSON-DAMPIER, ROSALYN</td> <td style="width: 10%; padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td style="padding: 2px;">4405 WHISPERING PINES LANE</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td style="padding: 2px;">FT PIERCE, FL 34982</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	D	WILSON-DAMPIER, ROSALYN	<input type="checkbox"/> Delete	NAME		4405 WHISPERING PINES LANE		STREET ADDRESS		FT PIERCE, FL 34982		CITY - ST - ZIP			
TITLE	D	WILSON-DAMPIER, ROSALYN	<input type="checkbox"/> Delete																		
NAME		4405 WHISPERING PINES LANE																			
STREET ADDRESS		FT PIERCE, FL 34982																			
CITY - ST - ZIP																					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">TITLE</td> <td style="width: 10%; padding: 2px;"></td> <td style="width: 70%; padding: 2px;"></td> <td style="width: 10%; padding: 2px; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME				STREET ADDRESS				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 attachment with an address, with all other like empowered.			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition																		
NAME																					
STREET ADDRESS																					
CITY - ST - ZIP																					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND ADDRESS FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <b>04/24/06</b> Daytime Phone #: <b>(772) 468-8346</b>																	