



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90070 032 \*\*\*150.00

<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 - No P.O. Box # <b>8735 105<sup>th</sup> Avenue</b>		3. Mailing Address <b>8735 105<sup>th</sup> Avenue</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01042008    Chg-P    CR2E034 (12/06)	
City & State <b>VERO BEACH, FL</b>		City & State <b>VERO BEACH, FL</b>		4. FEI Number <b>20-3090773</b>	
Zip <b>32967</b>		Country <b>Endion River</b>		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 <b>JAMES J O'HEARN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2466 NE 17<sup>th</sup> COURT</b> City <b>TENSEN BEACH</b> <b>FL</b> Zip Code <b>32957</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON-DAMPIER, ROSALYN 4405 WHISPERING PINES LANE FT PIERCE, FL 34982		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8735 105<sup>th</sup> Avenue VERO BEACH, FL 32967</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: X</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>Rosalyn Wilson, Director</b>			04/15/08    (772) 717-1529 <small>Date    Daytime Phone #</small>		