

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000047179

Entity Name: THE BRIDGE TRADING, INC.

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

8560 STATE ROAD 84
DAVIE, FL 33324

New Principal Place of Business:

8560 W STATE ROAD 84
DAVIE, FL 33324

Current Mailing Address:

8560 STATE ROAD 84
DAVIE, FL 33324

New Mailing Address:

8560 W STATE ROAD 84
DAVIE, FL 33324

FEI Number: 20-4639910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROWBRIDGE, PAM A
8560 STATE ROAD 84
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

TROWBRIDGE, PAM A
8560 W STATE ROAD 84
DAVIE, FL 33324 US

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.

SIGNATURE:

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TROWBRIDGE, PAM A
Address: 8560 STATE ROAD 84
City-St-Zip: DAVIE, FL 33324

Title: VP () Delete
Name: COOK, MEEKA A
Address: 8560 STATE ROAD 84
City-St-Zip: DAVIE, FL 33324

Title: S () Delete
Name: COOK, MEEKA A
Address: 8560 STATE ROAD 84
City-St-Zip: DAVIE, FL 33324

Title: T () Delete
Name: TROWBRIDGE, PAM A
Address: 8560 STATE ROAD 84
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TROWBRIDGE, PAM A
Address: 8560 W STATE ROAD 84
City-St-Zip: DAVIE, FL 33324

Title: VP (X) Change () Addition
Name: COOK, MEEKA A
Address: 8560 W STATE ROAD 84
City-St-Zip: DAVIE, FL 33324

Title: S (X) Change () Addition
Name: COOK, MEEKA A
Address: 8560 W STATE ROAD 84
City-St-Zip: DAVIE, FL 33324

Title: T (X) Change () Addition
Name: TROWBRIDGE, PAM A
Address: 8560 W STATE ROAD 84
City-St-Zip: DAVIE, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAM TROWBRIDGE

P

04/24/2007

Electronic Signature of Signing Officer or Director

Date