

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000109569

FILED
Apr 30, 2008
Secretary of State

Entity Name: BRIDGE2 SOLUTIONS, INC.

Current Principal Place of Business:

1530 CORNERSTONE BLVD
SUITE 120
DAYTONA BEACH, FL 32117

New Principal Place of Business:

Current Mailing Address:

1530 CORNERSTONE BLVD
SUITE 120
DAYTONA BEACH, FL 32117

New Mailing Address:

FEI Number: 20-5091919 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, KYLE E
1530 CORNERSTONE BLVD
SUITE 120
DAYTONA BEACH, FL 32117 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCLAUGHLIN, CRAIG P
Address: 1901 MASON AVE SUITE 107
City-St-Zip: DAYTONA BEACH, FL 32117

Title: D () Delete
Name: MCLAUGHLIN, MARK
Address: 361 17TH STREET NW UNIT 2301
City-St-Zip: ATLANTA, GA 30363

Title: D () Delete
Name: PURDY, JAMES C
Address: 11842 WEST WATERWAY DRIVE
City-St-Zip: HOMOSASSA, FL 34448

Title: D () Delete
Name: ALTHAUSER, ANDREW T
Address: 5200 GREENWOOD CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: D () Delete
Name: DAVIS, KYLE E
Address: 3537 KILGALLEN COURT
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCLAUGHLIN, CRAIG P
Address: 336 RED FOX CIRCLE
City-St-Zip: ASHEVILLE, NC 28803

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ALTHAUSER, ANDREW T
Address: 5200 GREENWOOD CIRCLE
City-St-Zip: GREENWOOD, MN 55331

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KYLE E DAVIS

D

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date