

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000109569

Entity Name: BRIDGE2 SOLUTIONS, INC.

FILED  
Apr 17, 2009  
Secretary of State

## 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 (X)

## 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: 336 RED FOX CIRCLE  
City-St-Zip: ASHEVILLE, NC 28803

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: GREENWOOD, MN 55331

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

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

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

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

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

04/17/2009

Electronic Signature of Signing Officer or Director

Date