2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNOAL KEPOKI			
DOCUMENT # P9500006391 1. Entity Name BRIDGE HOUSE, INC.		FILED 06 APR 27 AM 10: 22	
Principal Place of Business 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139 Miami BEACH, FL 33139 Miami BEACH, FL		TÄLLÄHASSEE, ELORIDA	
DO NOT WRITE IN THIS	SPACE	04132006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applied For N	
		5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
ROBINS, CRAIG 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139		DO NOT WRITE IN THIS SPACE	
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			
		5.00 May Be ded to Fees	
10. OFFICERS AND DIRECTORS			
ITILE PDS NAME ROBINS, CRAIG STREET ADDRESS 1632 PENNSYLVANIA AVE. CITY-ST-ZIP MIAMI BEACH, FL 33139		F00074147045	
TITLE VP NAME GRETENSTEIN, STEVEN STREET ADDRESS 1632 PENNSYLVANIA AVE. CITY-ST-ZIP MIAMI BCH, FL 33139		500074147045 05/08/0601014011 **2796.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier small 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 of trustee employered 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.			
SIGNATURE:	OFFICER OF DIRECTOR	4/17/06 305-531-8700	
SIGNITURE AND TYPED FRONTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylims Phone #			