

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000049736

Entity Name: BRIDGE PHARMA, INC.

**FILED**  
**Feb 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

902 CONTENTO STREET  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

902 CONTENTO STREET  
SARASOTA, FL 34242

**New Mailing Address:**

FEI Number: 65-0671012

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ABERG, LAURIE  
902 CONTENTO STREET  
SARASOTA, FL 34242 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ABERG, GUNNAR  
Address: 902 CONTENTO STREET  
City-St-Zip: SARASOTA, FL 34242

Title: STD  
Name: ABERG, LAURIE  
Address: 902 CONTENTO STREET  
City-St-Zip: SARASOTA, FL 34242

I hereby 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 all other like empowered.

SIGNATURE: MARTIN A. GALINAK

CPA

02/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date