

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000100925 (1)**

1. Corporation Name

**BRIDGE SOFTWARE SOLUTIONS, INC.**



Principal Place of Business

**6179 WESTGATE DR. #431  
ORLANDO FL 32835**

Mailing Address

**6179 WESTGATE DR. #431  
ORLANDO FL 32835**

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>11/25/1997</b>	
<b>21</b> <b>ORLANDO</b>		<b>26</b> <b>6179, West gate Dr</b>		<b>4. FEI Number</b> <b>59-3484012</b>	Applied For <input type="checkbox"/> Not Applicable
<b>22</b> Suite, Apt. #, etc. <b># 431</b>		<b>27</b> Suite, Apt. #, etc. <b># 431</b>		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23</b> City & State <b>Orlando, FL</b>		<b>28</b> City & State <b>Orlando, FL</b>		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input checked="" type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>24</b> Zip <b>32835</b>	<b>25</b> Country <b>USA</b>	<b>29</b> Zip <b>32835</b>	<b>30</b> Country <b>USA</b>	<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

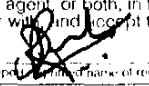
**BAXTER, RICHARD D  
5405 DIPLOMAT CIR, STE 201  
ORLANDO FL 32810**

**10. Name and Address of New Registered Agent**

**81** Name **Ramesh Devu**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**6179, West gate Dr #431**  
**83**  
**84** City **Orlando** **FL** **85** Zip Code **32835**

**11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.**

SIGNATURE

 **RAMESH DEVU**  
Signature, typed name, and title of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**03/29/98**

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DEVU, RAMESH</b>		1.2 NAME	
STREET ADDRESS <b>6179 WESTGATE DR, #431</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO FL 32835</b>		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

SIGNATURE:

**03/29/98 (407) 521 5832**

CR2E034 (10/97)