
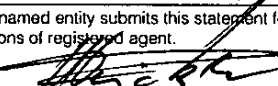
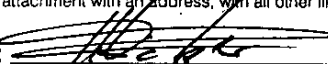


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90354 025 ***158.75

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| | | | |
|---|--|---|---|
| DOCUMENT # P98000000013 1. Entity Name BRIDGE HOLDING COMPANY | |  | |
| Principal Place of Business 11300 US HIGHWAY 1 SUITE 203 NORTH PALM BEACH, FL 33408 | | Mailing Address 11300 US HIGHWAY 1 SUITE 203 NORTH PALM BEACH, FL 33408 | |
| 2. Principal Place of Business 2401 PGA Blvd. | | 3. Mailing Address 2401 PGA Blvd. | |
| Suite, Apt. #, etc. 148 | | Suite, Apt. #, etc. 148 | |
| City & State Palm Beach Gardens, FL | | City & State Palm Beach Gardens, FL | |
| Zip 33410 | | Zip 33410 | |
| Country USA | | Country USA | |
| 6. Name and Address of Current Registered Agent FRICKER, MAX 11300 US HIGHWAY 1 SUITE 203 NORTH PALM BEACH, FL 33408 | | 7. Name and Address of New Registered Agent Name Max Fricker Street Address (P.O. Box Number is Not Acceptable) 2401 PGA Blvd., Suite 148 City & State Palm Beach Gardens FL Zip Code 33410 | |
| 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:  Max Fricker 3-15-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FRICKER, MAX 11300 US HIGHWAY 1, STE 203 NORTH PALM BEACH, FL 33408 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Max Fricker 2401 PGA Blvd., Suite 148 Palm Beach Gardens, FL 33410 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE:  | | Max Fricker 3-15-05 561-625-1005 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | |