

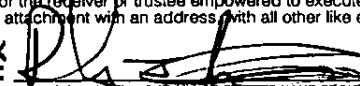


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90069 038 ***158.75

DOCUMENT # P99000033124 1. Entity Name BRIDGEPORT DEVELOPMENT, INC.					
Principal Place of Business 3825 HENDERSON BLVD STE 207 TAMPA, FL 33629			Mailing Address 3825 HENDERSON BLVD STE 207 TAMPA, FL 33629		
2. Principal Place of Business 7282 55th Ave E		3. Mailing Address 7282 55th Ave E			
Suite, Apt. #, etc. Suite 191		Suite, Apt. #, etc. Suite 191			
City & State Bradenton, FL		City & State Bradenton, FL			
Zip 34203		Zip 34203			
Country 		Country 		4. FEI Number 59-3568778	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MARTIN, ROBERT J 3825 HENDERSON BLVD STE 207 TAMPA, FL 33629				7. Name and Address of New Registered Agent Name Robert J. Martin Street Address (P.O. Box Number is Not Acceptable) 7282 55th Ave E Suite 191 City Bradenton FL Zip Code 34203	
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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE Signature, typed or printed name of registered agent and title if applicable. </div> <div style="text-align: center;"> Robert J. Martin, President (NOTE: Registered Agent signature required when reinstating) </div> <div> DATE </div> </div>					
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	V MAST, BRADFORD H <input checked="" type="checkbox"/> Delete 3825 HENDERSON BLVD #207 TAMPA, FL 33629		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS <input type="checkbox"/> Delete MARTIN, ROBERT J 3825 HENDERSON BLVD., SUITE 207 TAMPA, FL 33629		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7282 55th Ave E, Suite 191 Bradenton, FL 34203	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete SULLIVAN, KATHERINE M 3825 HENDERSON BLVD., SUITE 207 TAMPA, FL 33629		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7282 55th Ave E, Suite 191 Bradenton, FL 34203	
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	
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	
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	
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:  Robert J. Martin, President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					