## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 853688** 

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

ST LOUIS, MO 63102

( ) Delete

FILED Apr 17, 2007 Secretary of State

Entity Nar	ne: EDM C	F ORLANDO, INC.						
Current Principal Place of Business:				New Principal Place of Business:				
3RD FLOC	ION HOUSI PR , MO 63102							
Current Mailing Address:				New Mailing Address:				
	ION HOUSI	Ξ						
3 FL ST LOUIS,	MO 63102	US						
FEI Number:	43-1007373	FEI Number Appli	ed For ( ) FEI Nu	mber Not Appli	icable ( )	Certifica	ate of Status Des	sired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
155 OFFIC SUITE A TALLAHAS The above	E PLAZA D SSEE, FL 3 named enti of Florida.	2301 US	S, INC.	of changing it	s registere	d office or r	egistered age	nt, or both,
0.014, (1.01		ronic Signature of Re	egistered Agent	Date				
Election Can	npaign Finan	ing Trust Fund Contrib	ution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P SONDERMA 220 MANSIC ST LOUIS, M	N HOUSE		Title: Name: Address: City-St-Zip:	P MASOUMY, 220 MANSIO ST LOUIS, N	ON HOUSE	( ) Addition	
Title: Name: Address: City-St-Zip:	EVP MASOUMY, 220 MANSIO ST LOUIS, M	ON HOUSE		Title: Name: Address: City-St-Zip:	SVP SKASICK, S 220 MANSIO ST LOUIS, N	ON HOUSE	( ) Addition	
Title: Name: Address:	SVP WARREN, F 220 MANSIO			Title: Name: Address:	EVP WARREN, F 220 MANSIO		( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address: City-St-Zip: ST LOUIS, MO 63102

SCOTT, GEORGE S

220 MANSION HOUSE

ST. LOUIS, MO 63102

( ) Change (X) Addition

SVP

SIGNATURE: DONNA SCOTT ACCT 04/17/2007