

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003236

FILED  
Feb 04, 2009  
Secretary of State

Entity Name: EDGE ACCESS, INC.

**Current Principal Place of Business:**

5440 BEAUMONT CENTER BLVD SUITE 490  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

5440 BEAUMONT CENTER BLVD SUITE 490  
TAMPA, FL 33634

**New Mailing Address:**

FEI Number: 66-0598888      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NATIONAL REGISTERED AGENTS, INC.  
2731 EXECUTIVE PARK DR. #4  
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: VESCHI, ROBERT A  
Address: 5440 BEAUMONT CENTER BLVD SUITE 490  
City-St-Zip: TAMPA, FL 33634

Title: SEC ( ) Delete  
Name: VESCHI, CHRISTINA L  
Address: 5440 BEAUMONT CENTER BLVD SUITE 490  
City-St-Zip: TAMPA, FL 33634

Title: CHR ( ) Delete  
Name: SHORT, ALONZO E GEN.  
Address: 5440 BEAUMONT CENTER BLVD SUITE 490  
City-St-Zip: TAMPA, FL 33634

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: RITA R. MURPHY

MS.

02/04/2009

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

\_\_\_\_\_ Date