2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCU 1. Entity Nam EDGEWA	ne						06 HA	FILE [1 3: 01			
Principal Plac 3015 N. OCE FT. LAUDERD	AN BLVD., S	STE. 121	Mailing Address 3015 N. OCEAN BLVD., STE. 121 FT. LAUDERDALE, FL 33308			X				Astelland Hilliand	ATE LORIDA	
2. Principal P	tace of Busin	ness	3. Mailing Address			⊣ ∥						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04272	2006	Chg-P	CR2i	E034 (11/05)		
City & State			City & State			4. FEI		er 65798	30		oplied For ot Applicable	
Zip	Country		Zip Coun		try	5. Certificate of S			d 🗆	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent												
BLODIG, 0 100 W. CY FT. LAUDE	PRESS C		3010	ss (P.O. Box	Oc	Foster er is Not Accepta sean Blu	able) /d, (5k 13 1 333				
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												
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.		OFFICERS AND I	I DIRECTORS	11.		ADDIT	IONS	L /CHANGES TO C	DEFICERS AL	NO DIRECTOR	S IN 11	
TITLE	D		TITLE	: D	PS				Change	Addition		
NAME	FOSTER.	REBECCA A.	NAM			RE	BECCH A		~			
STREET ADDRESS CITY-ST-ZIP	FT. LAUD	CEAN BLVD., STE, 12 ERDALE, FL 33308	l			SAME	•					
TITLE	D		TITLE		V				∠ Change	☐ Addition		
NAME STREET ADDRESS	OTTINO,	J.P. III ICEAN BLVD., STE, 121	1	NAM	E O7	TINO,	(I)P	///				
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STREET ADDRESS		ICEAN BLVD., STE. 121	NAMI STRE	ET ADDRESS	ANDAC), '	MARC	J				
CITY-ST-ZIP	i e	ERDALE, FL 33308		-ST-ZIP]	sam	E						
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NAME				NAM	· .		\supset	naaze	2202			
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CITY-ST-ZIP					-ST-ZIP							
TITLE			☐ Delete	TITLE						☐ Change	Addition	
NAME			NAM	- 1								
STREET ADDRESS CITY-ST-ZIP				et address -St-Zip						į		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is use 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 employeered 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date / Dat												