


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000050695		
1. Entity Name EDGECOMBE ENTERPRISES CORP.		

Principal Place of Business 7027 W BROWARD BLVD., STE 205 FORT LAUDERDALE, FL 33317	Mailing Address 7027 W BROWARD BLVD PMB #205 PLANTATION, FL 33317
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02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0925815	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134	
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DO NOT WRITE IN THIS SPACE

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 _____	(NOTE: Registered Agent signature required when re-registering)	DATE _____
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**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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WEHBY, DAVID S 7027 W BROWARD BLVD, #205 PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS WEHBY, JEREMY D 7027 W BROWARD BLVD, #205 PLANTATION, FL 33317
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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 technician 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: 	DATE: 2/18/05	PHONE: (954) 520-4145
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #