


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90081 004 \*\*\*150.00

|   |  |  |  |   |   |  |
|---|--|--|--|---|---|--|
| <b>DOCUMENT # 113393</b><br>1. Entity Name<br><b>EDINBURGH INVESTMENT CORPORATION</b>   |  |  |  |  |   |  |
| Principal Place of Business<br><b>1311 EXECUTIVE CENTER DRIVE<br/>SUITE 121<br/>TALLAHASSEE FL 32301</b>  |  |  | Mailing Address<br><b>1311 EXECUTIVE CENTER DRIVE<br/>SUITE 121<br/>TALLAHASSEE FL 32301</b>   |   |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |   |   |  |
| City & State<br><br>Zip      Country  |  |  | City & State<br><br>Zip      Country   |   |   |  |
| 4. FEI Number <b>59-0753678</b>   |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable                            |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |  |  | <b>\$8.75 Additional Fee Required</b>   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ENGLISH JR, COLIN<br/>1311 EXECUTIVE CNTR DR.<br/>STE. 106/121<br/>TALLAHASSEE FL 32301</b>   |  |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |   |  |
| 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 reinstating)      DATE _____  |  |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00.</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |  |  |  |   |   |  |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>  |  |  |  | <b>\$5.00 May Be Added to Fees</b>  |   |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>ENGLISH JR, COLIN<br>1311 EXECUTIVE CENTER DRIVE, STE. 106/121<br>TALLAHASSEE FL 32301 |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DS<br>ENGLISH, PHYLLIS<br>1311 EXECUTIVE CENTER DRIVE, STE. 106/121<br>TALLAHASSEE FL 32301  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | (Empty)  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | (Empty)  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | (Empty)  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | (Empty)  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |



1st MOORE      CR2E034 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Colin English Jr*      **2/14/2006**      **850-877-8543**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #