## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 275219** 

Entity Name: DEAD BUG EDWARDS, INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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3900 SW 2 COURT 3900 SW 2 COURT

FT LAUDERDALE FL, 33312 FT LAUDERDALE, FL 33312

**Current Mailing Address: New Mailing Address:** 

3900 SW 2 CT.

FT. LAUDERDALE, FL 33312 US

FEI Number: 59-1027690 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

EDWARDS, ROBERT BRUCE 9726 NW 7TH CIR **APT 7211** 

891 NW 73 AVE PLANTATION, FL 33317 PLANTATION, FL 33324 US

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: 04/15/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

EDWARDS, ROBERT BRUCE

Title: ( ) Delete Title: () Change () Addition EDWARDS, JOAN A. Name: Name:

891 NW 73RD AVE Address: Address: City-St-Zip: PLANTATION, FL 33324 City-St-Zip:

Title: VΡ Title: (X) Change ( ) Addition () Delete EDWARDS, ROBERT BRUCE Name: EDWARDS, ROBERT BRUCE Name: 9726 NW 7TH CIR APT 7211 891 NW 73 AVE Address: Address: PLANTATION, FL 33324 PLANTATION, FL 33317 City-St-Zip: City-St-Zip:

Title: Title: () Delete ( ) Change (X) Addition

Name: EDWARDS, JEFFREY Name: 6801 NW 7 ST Address: Address:

City-St-Zip: City-St-Zip: PLANTATION, FL 33317

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: JOAN A EDWARDS PR 04/15/2009