## 2008 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Jan 18, 2008 08:00 AM Secretary of State **DOCUMENT #452469** EDGÉWATER INVESTMENTS, INC. Principal Place of Business Mailing Address 520 D ST 520 D ST SUITE A SLITE A CLEARWATER, FL 33756 US CLEARWATER, FL 33756 US 01032008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1153023 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MALLORY, GEORGE L. 520 D ST SUITE A DO NOT WRITE CLEARWATER, FL 33756 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent algosture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PS. TITLE MALLORY, GEORGE NAME STREET ADDRESS 520 D ST CITY-ST-ZIP CLEARWATER, FL 00000, 33756 U00000788834 TITLE 01/22/08-80001-011 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplymental 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 of 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/08