

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90018 036 ****70.00

DOCUMENT # 714877					
1. Entity Name SURFEDGE, INC.					
Principal Place of Business 4001 GULF SHORE BLVD., N. NAPLES, FL 34103 US			Mailing Address C/O SHOPE, LAMBERSON & CHARBONNEAU PO BOX 111418 NAPLES, FL 34108 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 40 4001 Gulf Shore Blvd N			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Naples, FL		4. FEI Number 59-1499924	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34103		Country US		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ADAMS, JOSEPH E ESQ 14241 METROPOLIS AVE #100 FORT MYERS, FL 33912			7. Name and Address of New Registered Agent Beckner & Poliakoff, P.A. c/o Joseph E. Adams, Esq. Street Address (P.O. Box Number is Not Acceptable) 14241 Metropolis Ave., #100 Fort Myers City FL Zip Code 33912		
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 <u>Joseph E. Adams</u> <small>Signature typed or printed name of registered agent and title if applicable.</small>		SIGNATURE <u>Joseph E. Adams, Esquire</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>3/17/08</u>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VP NAME ROGERS, THOMAS STREET ADDRESS 4001 GULF SHORE BLVD N 1201 CITY-ST-ZIP NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE D NAME Leonard Frisoli STREET ADDRESS 52 PARK Avenue CITY-ST-ZIP Wellesley, MA 02481	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE X Director NAME LIEPOLD, ROBERT STREET ADDRESS 4001 GULF SHORE BLVD N #405 CITY-ST-ZIP NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME HANDLER, SHARON STREET ADDRESS 12803 PEMBROKE CIRCLE CITY-ST-ZIP OVERLAND PARK, KS 66209	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME WAITE, CLARK STREET ADDRESS 4001 GULF SHORE BLVD N #900 CITY-ST-ZIP NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE X Secretary NAME HENDRICKS, JACQUELINE STREET ADDRESS 4001 GULF SHORE BLVD N 702 CITY-ST-ZIP NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE S NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME FRAZIER, ROGER STREET ADDRESS 4001 GULF SHORE BLVD N #804 CITY-ST-ZIP NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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 617, 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: <u>Clark Waite</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>3/14/08</u>		DAYTIME PHONE # <u>239-261-3146</u>	