2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006
Secretary of State

DOCUMENT# 717707

Entity Name: EDGEWATER ARMS FIRST, INC.

Current Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 59-1808716 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HILDEBRANDT, BILL
Address: 620 EDGEWATER DR. #602
City-St-Zip: DUNEDIN, FL 34698

Title: VPD ( ) Delete
Name: SIDEBOTTOM, PAT
Address: 620 EDGEWATER DRIVE, 103
City-St-Zip: DUNEDIN, FL 34698

Title: SD ( ) Delete
Name: COLANTONI, VAL
Address: 620 EDGEWATER DR. #203
City-St-Zip: DUNEDIN, FL 34698

Title: TD ( ) Delete
Name: POTTER, MARY
Address: 620 EDGEWATER DRIVE, 405
City-St-Zip: DUNEDIN, FL 34698

Title: D ( ) Delete
Name: LAVERY, MILDRED
Address: 620 EDGEWATER DRIVE #504
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: CHRISTIE, DAN
Address: 620 EDGEWATER DRIVE, 202
City-St-Zip: DUNEDIN, FL 34698

Title: D (X) Change ( ) Addition
Name: SMALLEY, JOHN
Address: 620 EDGEWATER DR. #104
City-St-Zip: DUNEDIN, FL 34698

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: LAVERY, MILDRED
Address: 620 EDGEWATER DRIVE #504
City-St-Zip: DUNEDIN, FL 34698

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL HILDERBRANDT PD 03/14/2006

Electronic Signature of Signing Officer or Director — Date