2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003236

SHORT, ALONZO E GEN.

TAMPA, FL 33634

5440 BEAUMONT CENTER BLVD SUITE 490

Name:

Address: City-St-Zip:

Entity Name: EDGE ACCESS, INC.

FILED Feb 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5440 BEAUMONT CENTER BLVD SUITE 490 TAMPA, FL 33634 **Current Mailing Address: New Mailing Address:** 5440 BEAUMONT CENTER BLVD SUITE 490 TAMPA, FL 33634 FEI Number: 66-0598888 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: NATIONAL REGISTERED AGENTS, INC. 2731 EXECUTIVE PARK DR. #4 WESTON, FL 33331 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRES () Delete Title: () Change () Addition VESCHI, ROBERT A Name: Name: 5440 BEAUMONT CENTER BLVD SUITE 490 Address: Address: City-St-Zip: TAMPA, FL 33634 City-St-Zip: Title: Title: () Delete () Change () Addition Name: VESCHI, CHRISTINA L Name: 5440 BEAUMONT CENTER BLVD SUITE 490 Address: Address: TAMPA, FL 33634 City-St-Zip: City-St-Zip: Title: Title: CHR () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RITA R. MURPHY MS. 02/04/2009