## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # F96000003738** FILED 1. Entity Name **EDIX CORPORATION** 05 JUL 25 PH 12: 44 Principal Place of Business Mailing Address 720 COOL SPRINGS BLVD. 720 COOL SPRINGS BLVD. STE. 200 STE. 200 FRANKLIN, TN 37067 FRANKLIN, TN 37067 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 07062005 Cha-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 33-0598815 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Due by September 7, 2005 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CEOD TITLE TITLE ☐ Delete Asst. Secy. Change Addition SIMPSON, STEVE NAME NAME Andrew L. McQueen 720 Cool Springs Blvd., Suite 200 720 COOL SPRINGS BLVD., STE. 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FRANKLIN, TN 37067 Franklin, TN 37067 CITY-ST-ZIP CFO TITLE ☐ Delete TITLE ☐ Change ■ Addition JAMES, TONY NAME 100058477921 08/11/05--01033--006 \*\*55 720 COOL SPRINGS BLVD., STE. 200 STREET ADDRESS STREET ADDRESS \*\*550.00 CITY-ST-ZIP FRANKLIN, TN 37067 CITY-ST-ZIP CAOS Delete ☐ Change Addition TITLE STEVENS, GREG NAME 720 COOL SPRINGS BLVD., STE. 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FRANKLIN, TN 37067 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 expode 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. Andrew L. McQueen Asst. SIGNATURE: SIGN 615-261-1500 Asst. Secy. 7-22-2005 Daytime Phone #