

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K41257	
1. Entity Name COMPETITIVE EDGE MARKETING, INC.	



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 10 AM 8:00

REINSTATEMENT



Principal Place of Business 9086 APACHE BLVD WEST PALM BCH, FL 33412	Mailing Address 9086 APACHE BLVD WEST PALM BCH, FL 33412
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2. Principal Place of Business 9360 LIME BAY BLVD. Suite, Apt. #, etc. 312 BLDG - 18 City & State TAMARAC FL. Zip 33321	3. Mailing Address SAME Suite, Apt. #, etc. City & State Country BROWARD
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10282004	REIN-P	CR2E098 (6/04)
4. FEI Number 16-2216655	Applied For Not Applicable	

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FRIEDMAN, LOURY 9086 APACHE BLVD WEST PALM BCH, FL 33412	7. Name and Address of New Registered Agent Name FRIEDMAN, MICHAEL C. Street Address (P.O. Box Number is Not Acceptable) 9360 LIME BAY BLVD. BLDG. 18 UNIT 312 City TAMARAC, FL. FL Zip Code 33321
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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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.	<i>Michael C. Friedman</i> (NOTE: Registered Agent signature required when reinstating)	DATE 11/4/04

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSC FRIEDMAN, LOURY 9086 APACHE BLVD WEST PALM BCH, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSC FRIEDMAN, MICHAEL C. 9360 LIME BAY BLVD, BLDG. 18 UNIT 312 TAMARAC, FL. 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400042637094 11/10/04--01048--010 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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 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: <i>Michael C. Friedman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 11/4/04 Date Daytime Phone #