



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90201 038 ***150.00

DOCUMENT # K41257 1. Entity Name COMPETITIVE EDGE MARKETING, INC.					
Principal Place of Business 9360 LIME BAY BLVD BLDG 18, UNIT 312 TAMARAC, FL 33321				Mailing Address 9360 LIME BAY BLVD BLDG 18, UNIT 312 TAMARAC, FL 33321	
2. Principal Place of Business - No P.O. Box # 9360 LIME BAY BLVD		3. Mailing Address 9360 LIME BAY BLVD.		 04052007 Chg-P CR2E034 (12/06) 4. FEI Number 16-2216655 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc. BLDG. 18, UNIT 312		Suite, Apt. #, etc. BLDG. 18, UNIT 312			
City & State TAMARAC, FL.		City & State TAMARAC, FL.			
Zip Country 33321 BROWARD		Zip Country 33321 BROWARD			
6. Name and Address of Current Registered Agent FRIEDMAN, MICHAEL C 9360 LIME BAY BLVD BLDG 18 UNIT 312 TAMARAC, FL 33321				7. Name and Address of New Registered Agent Name NONE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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: <u>Michael C. Friedman</u> 4/11/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					