2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# K91117

Entity Name: COMPETITIVE EDGE CONSULTING ASSOCIATES, INC.

Current Principal Place of Business:

400 E 71ST, STE 14D
NEW YORK, NY 10021 US

New Principal Place of Business:

400 E 71ST STREET
STE 14D
NEW YORK, NY 10021 US

Current Mailing Address:

400 E 71ST, STE 14D
NEW YORK, NY 10021 US

New Mailing Address:

400 E 71ST STREET
STE 14D
NEW YORK, NY 10021 US

FEI Number: 65-0128220 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHULTZ, LEONARD T
12088 DIVIDING OAK TRAIL EAST
JACKSONVILLE, FL 32223 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: SPRINGSTEEL, WARREN C
Address: 201 REEDHAVEN DR.
City-St-Zip: CARY, NC 27513

Title: D ( ) Delete
Name: SCHULTZ, LEONARD T
Address: 12088 DIVIDING OAK TRAIL E
City-St-Zip: JACKSONVILLE, FL

Title: DP ( ) Delete
Name: SPRINGSTEEL, AMY M
Address: 400 E. 71ST, SUITE 14D
City-St-Zip: NEW YORK, NY 10021

Title: DP ( ) Delete
Name: SPRINGSTEEL, LISA L
Address: 400 E. 71ST, SUITE 14D
City-St-Zip: NEW YORK, NY 10021

Title: C ( ) Delete
Name: SPRINGSTEEL, WARREN C
Address: 201 REEHAVEN DR.
City-St-Zip: CARY, NC 27514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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.

SIGNATURE: AMY SPRINGSTEEL DP 04/16/2009

Electronic Signature of Signing Officer or Director — Date