

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000952

FILED
Jan 28, 2008
Secretary of State

Entity Name: COMPETITIVE EDGE MARKETING LLC

Current Principal Place of Business:

326 FOREST STREET
WINDERMERE, FL 34786

New Principal Place of Business:

104 EAST GULLEY AV
OAKLAND, FL 34760

Current Mailing Address:

326 FOREST STREET
WINDERMERE, FL 34786

New Mailing Address:

PO BOX 197
OAKLAND, FL 34760

FEI Number: 80-0093095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, LARRY D
326 FOREST STREET
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

WILLIAMS, LARRY D
104 EAST GULLEY AV
OAKLAND, FL 34760 US

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:

01/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIAMS, LARRY D
Address: 326 FOREST STREET
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM () Delete
Name: WILLIAMS, BRETT C
Address: 326 FOREST STREET
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILLIAMS, LARRY D
Address: PO BOX 197
City-St-Zip: OAKLAND, FL 34760

Title: MGRM (X) Change () Addition
Name: WILLIAMS, BRETT C
Address: PO BOX 197
City-St-Zip: OAKLAND, FL 34760

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LARRY D WILLIAMS

MGRM

01/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date