2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2008
Secretary of State

DOCUMENT# L05000038752

Entity Name: A CUTTING EDGE LLC

Current Principal Place of Business:

229 TROY ST
APT. #8
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

116 DOLPHIN RD
MARY ESTHER, FL 32569

New Mailing Address:

309 PLYMOUTH AVE
FORT WALTON BEACH, FL 32547

FEI Number: 59-3155713 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YOUNG, ROBERT J
116 DOLPHIN RD
MARY ESTHER, FL 32569 US

Name and Address of New Registered Agent:

YOUNG, ROBERT J
309 PLYMOUTH AVE
FORT WALTON BEACH, FL 32547 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: _____ 04/19/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: YOUNG, ROBERT J
Address: 116 DOLPHIN RD
City-St-Zip: MARY ESTHER, FL 32569

Title: MGR ( ) Delete
Name: YOUNG, ELAINE S
Address: 116 DOLPHIN RD
City-St-Zip: MARY ESTHER, FL 32569

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: YOUNG, ROBERT J
Address: 309 PLYMOUTH AVE
City-St-Zip: FT WALTON BCH, FL 32547

Title: MGR (X) Change ( ) Addition
Name: YOUNG, ELAINE S
Address: 309 PLYMOUTH AVE
City-St-Zip: FT WALTON BCH, FL 32547

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: ROBERT J YOUNG MGR 04/19/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date