

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095570

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: CUTTING EDGE INTERNATIONAL, LLC

**Current Principal Place of Business:**

21650 S.E. 42ND STREET  
MORRISTON, FL 32668

**New Principal Place of Business:**

**Current Mailing Address:**

21650 S.E. 42ND STREET  
MORRISTON, FL 32668

**New Mailing Address:**

FEI Number: 20-3587743

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCOLLUM, ANNA R  
21650 S.E. 42ND STREET  
MORRISTON, FL 32668 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCCOLLUM, ANNA R  
Address: 21650 S.E. 42ND STREET  
City-St-Zip: MORRISTON, FL 32668

Title: MGRM ( ) Delete  
Name: EDWARDS, FRED A  
Address: 4421 N.W. BLITCHTON ROAD, #410  
City-St-Zip: OCALA, FL 34482

Title: MGRM ( ) Delete  
Name: KNOWLES, KEVIN W  
Address: 2 CEDAR DRIVE  
City-St-Zip: GRANBY, CT 06035

**ADDITIONS/CHANGES:**

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 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: ANNA RENEE MCCOLLUM

MGRM

04/26/2006

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