2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2006
Secretary of State

DOCUMENT# L05000104468

Entity Name: EDGE OF DISTINCTION, LLC.

Current Principal Place of Business:

11645 MEADOW LN> DR.
DADE CITY, FL 33525 US

New Principal Place of Business:

11645 MEADOW LN. DR.
DADE CITY, FL 33525 US

Current Mailing Address:

11645 MEADOW LN> DR.
DADE CITY, FL 33525 US

New Mailing Address:

11645 MEADOW LN. DR.
DADE CITY, FL 33525 US

FEI Number: 20-3671284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEONARDO, THOMAS
11645 MEADOW LN. DR.
DADE CITY, FL 33525 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: LEONARDO, THOMAS
Address: 11645 MEADOW LN. DR.
City-St-Zip: DADE CITY, FL 33525 US

Title: MGRM ( ) Delete
Name: COSTA, JOSEPH
Address: 37321 LAYTON RD.
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES:

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: THOMAS LEONARDO MGRM 02/26/2006

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