2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 03, 2007 8:00 am Secretary of State **DOCUMENT # L06000116882** 04-16-2007 90347 029 ****50.00 1. Enlity Name THE TALENT EDGE, LLC Mailing Address Principal Place of Business 3000000801 SO. YOUNGE STREET **801 SO. YOUNGE STREET** SUITE #4 ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-LLC 04042007 CR2E083 (12/06) 4. FEI Number Applied For City & State City & State 20-8014358 Not Applicable Country \$5.00 Additional Zip Country Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BEDFORD, DEANNA L Street Address (P.O. Box Number is Not Acceptable) 801 SO. YOUNGE STREET SUITE #4 ORMOND BEACH, FL 32174 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signeurs, ryped or printed name of registered agent and title if applicable (NOTE: Recestered Agent stoneture required when rematating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Change ☐ Addition MGR ☐ Delete TITLE PROGRESSIVE EDGE GROUP, INC. MALK HAME STREET ADDRESS STREET ADDRESS 801 SO, YOUNGE STREET, SUITE #4 ORMOND BEACH, FL 32174 CITY-ST-ZIP CITY-ST-ZIP Change Addition Octete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 20P CITY-ST-ZIP Detete MILE MILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Change ☐ Addition Oelete TITLE TITLE MALE STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - 21P 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 secure this report as required by Chapter 608, Florida Statutes. 10/07 386677-223 SIGNATURE: SIGNATURE AND TYPED ON PRINTED HAME OF

O MANAGINO MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE

FILED