## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L08617

Address:

1436 AIRPORT RD

City-St-Zip: CHAPEL HILL, NC 27514

FILED Oct 10, 2005 Secretary of State

Entity Nan	ne: CECIL ED	GE & ASSOCIATES, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
6212 BAYS UNIT K TAMPA, FL	SHORE BLVD 33611					
Current Mailing Address:			New Mailing Address:			
6212 BAYS UNIT K TAMPA, FL	SHORE BLVD					
FEI Number: 59-2966108 FEI Number Applied For ( )		FEI Number Not Applicable ( ) Certifica		Certificate of Status Desir	ate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:			
ROSS, JEF 220 SO FR TAMPA, FL	ANKLIN STRE					
The above in the State		ubmits this statement for the p	urpose of changing it	ts registered o	office or registered agent	, or both,
SIGNATUR	RE: JEREMY I	ROSS				
	Electron	ic Signature of Registered Age	nt	Date		
		(2)(b), F.S., the corporation did not	t receive the prior notic	e.		
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DPT () EDGE, CECIL E 3212 BAYSHOR TAMPA, FL 336	E BLVD UNIT K	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DVS () EDGE, LINDA B 3212 BAYSHOR TAMPA, FL 336	E BLVD UNIT K	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	EDGE, KEVIN L	ENT HEIGHTS BLVD	Title: Name: Address: City-St-Zip:	D (X EDGE, KEVIN 3127 LA CLED LOS ANGELES	E AVENUE	
Title: Name: Address: City-St-Zip:	EDGE, SHANNO	TH KEY WAT APT 301	Title: Name: Address: City-St-Zip:	D (X EDGE, SHANN 3314 NAPOLE TAMPA, FL 33	ON STREET	
Title: Name:	D () EDGE, CATHLE	Delete EN	Title: Name:	D (X EDGE, CATHLI	() Change()Addition EEN	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

165 WINDSOR CIRCLE

CHAPEL HILL, NC 27516

SIGNATURE: CECIL EDGE **PRES** 10/10/2005