


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90046 048 \*\*\*150.00

<b>DOCUMENT # M45217</b>	
1. Entity Name <b>EDISON GROUP, INC.</b>	

Principal Place of Business <b>4970 SW 72 AVE STE 106 MIAMI, FL 33155 US</b>	Mailing Address <b>4970 SW 72 AVE STE 106 MIAMI, FL 33155 US</b>
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**60006683**

2. Principal Place of Business <b>12151 SW 128th unit 106</b>	3. Mailing Address <b>12151 SW 128th unit 106</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami - FL</b>	City & State <b>Miami - FL</b>
Zip <b>33186</b>	Zip <b>33186</b>
Country <b>USA</b>	Country <b>USA</b>

01172006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2774213</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CRIPPA, UMBERTO 12625 S.W. 70TH AVE. MIAMI, FL 33156</b>	
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7. Name and Address of New Registered Agent	
Name _____	
Street Address (P.O. Box Number is Not Acceptable) _____	
City _____	State <b>FL</b> 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 _____ <i>President</i>	DATE <b>1-20-06</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CRIPPA, UMBERTO 12625 S.W. 70TH AVE. MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CRIPPA, IRIS 12625 S.W. 70TH AVE. MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ <i>Umberto Crippa</i>	Date <b>1-20-06</b>	Daytime Phone # <b>305-253-8644</b>
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