

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 22, 2007 08:00 AM
Secretary of State



DOCUMENT # M77291

1. Entity Name
EDWARD, INC.

Principal Place of Business
**337A ROYAL POINCIANA PLAZA
 PALM BEACH FL 33480
 US**

Mailing Address
**340 ROYAL POINCIANA WAY
 STE. 337A
 PALM BEACH FL 33480**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number **65-0044352**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLEMING, FAITH
 FLEMING
 203 SUNSET BAY CT.
 PALM BEACH GARDENS FL 33418**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee Will Be \$550.00
 Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DP Delete
 NAME: FLEMING, EDWARD J.
 STREET ADDRESS: 203 SUNSET BAY COURT
 CITY-STATE-ZIP: PALM BEACH GARDENS FL

Change Addition
 U000000594739
 01/23/07-80012-010 150.00

TITLE: DT Delete
 NAME: FLEMING, FAITH D.
 STREET ADDRESS: 203 SUNSET BAY COURT
 CITY-STATE-ZIP: PALM BEACH GARDENS FL

Change Addition

TITLE: DS Delete
 NAME: FLEMING, EDWARD J JR.
 STREET ADDRESS: 9006 GARDENS GLEN CIRCLE
 CITY-STATE-ZIP: PALM BEACH GARDENS FL

Change Addition

TITLE: Delete

Change Addition

TITLE: Delete

Change Addition

TITLE: Delete

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Faith D. Fleming

Jan. 20, 2007 561/691-9463

Date

Daytime Phone #