

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002079

Entity Name: REDLAND'S EDGE, INC.

FILED  
Feb 10, 2006  
Secretary of State

## Current Principal Place of Business:

19100 SW 304 STREET  
HOMESTEAD, FL 33030

## New Principal Place of Business:

## Current Mailing Address:

19100 SW 304 STREET  
HOMESTEAD, FL 33030

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRAY, PAMELA  
19100 SW 304 STREET  
HOMESTEAD, FL FL 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

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GRAY, PAMELA  
Address: 19100 SW 304 ST.  
City-St-Zip: HOMESTEAD, FL 33030

Title: V ( ) Delete  
Name: GRAY, TIMOTHY  
Address: 19100 SW 304 ST.  
City-St-Zip: HOMESTEAD, FL 33030

Title: S ( ) Delete  
Name: MELVIN, FRANCES  
Address: 18912 SW 308 ST.  
City-St-Zip: HOMESTEAD, FL 33030

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GRAY, PAMELA  
Address: 19100 SW 304 ST.  
City-St-Zip: HOMESTEAD, FL 33030

Title: VPD (X) Change ( ) Addition  
Name: GRAY, TIMOTHY  
Address: 19100 SW 304 ST.  
City-St-Zip: HOMESTEAD, FL 33030

Title: STD (X) Change ( ) Addition  
Name: MELVIN, FRANCES  
Address: 18912 SW 308 ST.  
City-St-Zip: HOMESTEAD, FL 33030

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA GRAY

PD

02/10/2006

Electronic Signature of Signing Officer or Director

Date