


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000003564		
1. Entity Name ONE UNITED BAND, THE EDISON LINKAGE FOUNDATION, INC.		
Principal Place of Business 1601 SOUTH MIAMI AVENUE MIAMI, FL 33129		Mailing Address 1601 SOUTH MIAMI AVENUE MIAMI, FL 33129
DO NOT WRITE IN THIS SPACE		
		02132007 No Chg-NP CR2E037 (4/06)
4. FEI Number 65-0507958		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
KEYE, CHARLES N 4208 N 31ST AVE STE 1 HOLLYWOOD, FL 33021		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRAHAM, ADELE 14814 BRECKNESS PLACE MIAMI LAKES, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS MOORE MCCABE, ARVA 1601 S. MIAMI AVENUE MIAMI, FL 33129	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEYE, CHARLES N 1043 VAN BUREN ST. HOLLYWOOD, FL 33019	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMSON, CAROL F 5501 SW 101ST STREET MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 617, 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: <u>Charles N. Keye</u> CHARLES N. KEYE 2/14/07 (954) 985-1120 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>		