2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State
05-02-2006 90175 006 ***150.00

DOCUMENT # P00000031565

1. Entity Name
THE EARLY EDITION, INC.

Principal Place of Business	Mailing Address
2442 MARTIN LUTHER KING BOULEVARD FORT MYERS, FL 33901	2442 MARTIN LUTHER KING BOULEVARD FORT MYERS, FL 33901

04272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
4735 28TH ST. SW	4735 28TH ST. SW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LEHIGH ACRES FL	City & State: LEHIGH ACRES FL
Zip: 33971 Country: LEE	Zip: 33971 Country: LEE

4. FEI Number: 65-1020525 ☐ Applied For ☐ Not Applicable

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
MCCARNEY, BETTY 3363 ALOUETTE CIRCLE #3 FORT MYERS, FL 33907	Name: MCCARNEY BETTY Street Address (P.O. Box Number is Not Acceptable): 4735 28TH STREET SW City: LEHIGH ACRES FL Zip Code: 33971

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: Betty McCARney 4/28/06
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, 2006 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD MCCARNEY, BETTY 3363 ALOUETTE CIRCLE #3 FORT MYERS, FL 33907	☐ Delete	PTD MCCARNEY BETTY 4735 28th STREET SW LEHIGH ACRES FL. 33971	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCCARNEY, FRANCIS J 3363 ALOUETTE CIRCLE #3 FORT MYERS, FL 33907	☐ Delete	SD MCCARNEY FRANCIS J 4735 28T ST SW LEHIGH ACRES FL. 33971	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RUANE, KEVIN 18180 FICHTER CREEK LANE ALVA, FL 33920	☐ Delete	VD RUANE KEVIN 18180 FICHTER CREEK LANE ALVA FL. 33920	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Betty McCARNEY Betty McCarney 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #