2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 21, 2005 8:00 am Secretary of State 04-21-2005 90237 011 ***158.75 DOCUMENT # P00000060328 1. Entity Name REEF'S EDGE INVESTMENT, INC. Principal Place of Business Mailing Address P. C. Sherry B. Care 826 BANYAN RD. 826 BANYAN RD. VERO BEACH, FL 32963 VERO BEACH, FL 32963 2. Principal Place of Business Mailing Address 985 Ruby Ave., S.W. 985 Ruby Ave., S.W. Suite, Apt. #, etc. Suite, Apt. #, etc. 04082005 Chg-P CR2E034 (10/03) City & State City & State Vero Beach, FL Applied For 4. EEI Number Vero Beach, 65-1017436 Not Applicable FLCountry \$8.75 Additional Country 5. Certificate of Status Desired -Indian River 32968 Indian River Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama EMMONS, REBECCA F ESQ. Street Address (P.O. Box Number is Not Acceptable) STEWART & EVANS, P.A. 3355 OCEAN DRIVE VERO BEACH, FL 32963 City 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete XX Change Addition TITLE T#TLE NAME MEUNIER, PAUL C NAME 985 Ruby Ave., S.W. STREET ADDRESS STREET ADDRESS 826 BANYAN RD. CITY-ST-ZIP VERO BEACH, FL 32963 CITY-SI-ZIP Vero Beach, FL 32968 VΡ TITLE XX Change FITLE ☐ Delete Addition MEUNIER, KATHLEEN NAME NAME 985 Ruby Ave., S.W. 826 BANYAN RD. STREET ADDRESS STREET ADDRESS Vero Beach, FL 32968 CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP TITLE Change _ Addition ____ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CFTY-ST-ZIP □ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

KAYNIER A. MEUNIER V.P. 41

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