

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000097378

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: CUTTING EDGE SYSTEMS, INC.

## Current Principal Place of Business:

27 S. SALISBURY TERRACE  
LECANTO, FL 34461

## New Principal Place of Business:

29 S. SALISBURY TERRACE  
LECANTO, FL 34461

## Current Mailing Address:

27 S. SALISBURY TERRACE  
LECANTO, FL 34461

## New Mailing Address:

29 S. SALISBURY TERRACE  
LECANTO, FL 34461

FEI Number: 65-1045812

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAMBERT, CHARLES  
27 S SALISBURY TERR.  
LECANTO, FL 34461 US

## Name and Address of New Registered Agent:

LAMBERT, CHARLES  
29 S SALISBURY TERR.  
LECANTO, FL 34461 US

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: CHARLES LAMBERT

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LAMBERT, CHARLES  
Address: 29 S. SALISBURY TERRACE  
City-St-Zip: LECANTO, FL 34461

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES LAMBERT

D

04/27/2005

Electronic Signature of Signing Officer or Director

Date