


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P0000098263 1. Entity Name EDGE REALTY INC.	
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Principal Place of Business 649 5TH AVENUE SOUTH NAPLES, FL 34102	Mailing Address C/O GREGORY HAUCK 112 NOTTOWAY DR BLUE BELL, PA 19422
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3681699	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

BONELLO, DAVID
649 5TH AVENUE SOUTH
NAPLES, FL 34102

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000199723 01/27/05-80095-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKEE, EDWARD 936 HEDGEROW COURT BLUE BELL, PA 19422
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAUCK, GREGORY 112 NOTTOWAY DR BLUE BELL, PA 19422
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAUCK, ELIZABETH 112 NOTTOWAY DR BLUE BELL, PA 19422
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKEE, DOROTHY 936 HEDGEROW COURT BLUE BELL, PA 19422
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Gregory J. Hauck GREGORY J. HAUCK 1-22-05 215-591-4539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #