


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P0000098263

1. Entity Name
EDGE REALTY INC.



Principal Place of Business
**649 5TH AVENUE SOUTH
 NAPLES, FL 34102**

Mailing Address
**C/O GREGORY HAUCK
 112 NOTTOWAY DR
 BLUE BELL, PA 19422**



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3681699

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

UN0000388886
 01/20/06-80024-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCKEE, EDWARD
STREET ADDRESS	936 HEDGEROW COURT
CITY-ST-ZIP	BLUE BELL, PA 19422
TITLE	VP
NAME	HAUCK, GREGORY
STREET ADDRESS	112 NOTTOWAY DR
CITY-ST-ZIP	BLUE BELL, PA 19422
TITLE	S
NAME	HAUCK, ELIZABETH
STREET ADDRESS	112 NOTTOWAY DR
CITY-ST-ZIP	BLUE BELL, PA 19422
TITLE	T
NAME	MCKEE, DOROTHY
STREET ADDRESS	936 HEDGEROW COURT
CITY-ST-ZIP	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 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: Gregory Hauck **GREGORY HAUCK** JAN. 4, 06 215-591-4539

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