

**2007 FOR PROFIT CORPORATIO
ANNUAL REPORT**

FILED
Jan 17, 2007 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**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3681699	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

1000000538900
01/17/07-80089-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKEE, EDWARD 938 HEDGEROW COURT BLUE BELL, PA 19422
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAUCK, GREGORY 112 NOTTAWAY DR BLUE BELL, PA 19422
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAUCK, ELIZABETH 112 NOTTAWAY DR BLUE BELL, PA 19422
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKEE, DOROTHY 938 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 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. 10, 2007 215-591-4539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #