## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 17, 2008 08:00 Al Secretary of State DOCUMENT # P00000098263 1. Entity Name EDGE REALTY INC. Principal Place of Business Mailing Address 649 5TH AVENUE SOUTH C/O GREGORY HAUCK NAPLES, FL 34102 1.12 NOTTOWAY DR BLUE BELL, PA 19422 No Cha-P 01142008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3681699 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BONELLO, DAVID** DO NOT WRITE 649 5TH AVENUE SOUTH NAPLES, FL 34102 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 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 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ПΠЕ NAME MCKEE, EDWARD STREET ADDRESS 936 HEDGEROW COURT CITY-ST-ZIP U00000786867 BLUE BELL, PA 19422 TITLE NAME HAUCK, GREGORY STREET ADDRESS 112 NOTTAWAY DR CITY-ST-ZIP BLUE BELL, PA 19422 TITLE NAME HAUCK, ELIZABETH STREET ADDRESS 112 NOTTAWAY DR DO NOT WRI CITY-ST-ZIP BLUE BELL, PA 19422 TITLE IN THIS SPACE NAME MCKEE, DOROTHY STREET ADDRESS 936 HEDGEROW COURT CITY-ST-ZIP BLUE BELL, PA 19422 TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

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JAN. 14. 08

415.591.4579

Daytime Phone #

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