2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000016081

FILED May 18, 2005 Secretary of State

Entity Nam	ie: SWAN	'S CUTTING EDG	E, INC.					
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
1890 SMITH TITUSVILLE		0						
Current Mailing Address:				New Mailing Address:				
1890 SMITH TITUSVILLE		0						
FEI Number: (03-0377242	FEI Number Ap	oplied For () F	El Number Not Appl	icable ()	Certificate of S	tatus Desired ()	
Name and	Address o	f Current Registe	ered Agent:	Name and	Address o	f New Registere	d Agent:	
SWANSON 1890 SMITH TITUSVILLE	Í DRIVE							
The above r		ty submits this sta	tement for the purp	ose of changing i	ts registered	d office or registe	red agent, or both,	
SIGNATUR	E:							
	Elect	ronic Signature of	Registered Agent			Date		
		.193(2)(b), F.S., the c cing Trust Fund Cont	orporation did not re- tribution ().	ceive the prior notic	e.			
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name:	D SWANSON,	()Delete BENT C		Title: Name:	P SWANSON,	(X) Change () Add BENT C	tion	

1890 SMITH DRIVE Address: 1890 SMITH DRIVE Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: TITUSVILLE, FL 32780 Title: () Delete Title: VΡ (X) Change () Addition SWANSON, JANICE E SWANSON, JANICE E Name: Name: Address: 1890 SMITH DRIVE Address: 1890 SMITH DRIVE TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: ROY, HENRY J Name: ROY, HENRY J Address: 1212 S PARK AVENUE Address: 1212 S PARK AVENUE City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: TITUSVILLE, FL 32780

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: JANICE E. SWANSON VP 05/18/2005