


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90098 031 ***150.00

DOCUMENT # P02000047287 1. Entity Name EDGEWATER PROPERTIES & INVESTMENTS, INC.			
Principal Place of Business 2400 S DIXIE HWY SUITE 100 MIAMI, FL 33133		Mailing Address 6901 E EDGEWATER DR APT 312 CORAL GABLES, FL 33133	
2. Principal Place of Business 6901 E. EDGEWATER DR. Suite, Apt. #, etc. 312		3. Mailing Address Suite, Apt. #, etc. 	
City & State CORAL GABLES, FL		City & State 	
Zip 33133		Zip 	
Country 		Country 	
4. FEI Number 01-0696961		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEILIG, MARY A 2400 S DIXIE HWIGHWAY SUITE 100 MIAMI, FL 33133		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6901 E. EDGEWATER DR. #312 City CORAL GABLES	
State FL		Zip 33133	
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 <u><i>Mary A. Heilig</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/17/06</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME HEILIG, MARY A	<input type="checkbox"/> Delete	
STREET ADDRESS 6901 E. EDGEWATER DRIVE, #312	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP CORAL GABLES, FL 33133			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
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 <u><i>Mary A. Heilig</i></u>		PRESIDENT <u>MARY A. HEILIG</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/17/06</u> Daytime Phone # <u>305.665.2653</u>	