

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109828

FILED
Mar 02, 2007
Secretary of State

Entity Name: CUTTING EDGE TOOLING, INC.

Current Principal Place of Business:

1501 ROBIE AVENUE
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

ONE NORTH DALE MABRY HWY
#950
TAMPA, FL 33609

New Mailing Address:

FEI Number: 83-0338818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACISAAC, STEPHEN
ONE NORTH DALE MABRY HWY
#950
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FREEMAN, KENNETH
Address: ONE NORTH DALE MABRY HWY, #950
City-St-Zip: TAMPA, FL 33609

Title: VP () Delete
Name: REPAR, LAWRENCE
Address: ONE NORTH DALE MABRY HWY, #950
City-St-Zip: TAMPA, FL 33609

Title: V () Delete
Name: BROWN, BOB
Address: 13700 VIRGINA AVENUE
City-St-Zip: ASTATULA, FL 33609

Title: T () Delete
Name: RUBIN, ARNOLD
Address: 1 N.DALE MABRY HWY #950
City-St-Zip: TAMPA, FL 33609

Title: S () Delete
Name: MURPHY, ROSE
Address: 1 N. DALE MABRY HWY #950
City-St-Zip: TAMPA, FL 33609

Title: AS () Delete
Name: HEWLETT, TREVOR
Address: 1 N.DALE MABRY HWY #950
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: KOHNER, PHIL
Address: ONE NORTH DALE MABRY HWY, #950
City-St-Zip: TAMPA, FL 33609

Title: T (X) Change () Addition
Name: ARNOLD, FREDERICK
Address: 1 N.DALE MABRY HWY #950
City-St-Zip: TAMPA, FL 33609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: TREVOR HEWLETT

AS

03/02/2007

Electronic Signature of Signing Officer or Director

Date