

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109828

FILED  
Apr 27, 2009  
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:

1 NORTH DALE MABRY HWY  
SUITE 950  
TAMPA, FL 33609

## Current Mailing Address:

ONE NORTH DALE MABRY HWY  
#950  
TAMPA, FL 33609

## New Mailing Address:

1 NORTH DALE MABRY HWY  
SUITE 950  
TAMPA, FL 33609

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:

CLARK, MATTHEW M  
ONE NORTH DALE MABRY HWY  
#950  
TAMPA, FL 33609 US

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: MATTHEW M CLARK

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LYNCH, FREDERICK J  
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: AS ( ) Delete  
Name: HEWLETT, TREVOR  
Address: ONE NORTH DALE MABRY HWY, #950  
City-St-Zip: TAMPA, FL 33609

Title: VPFN ( ) Delete  
Name: DILUCENTE, ANTHONY  
Address: 1 N.DALE MABRY HWY #950  
City-St-Zip: TAMPA, FL 33609

Title: S ( ) Delete  
Name: CLARK, MATTHEW M  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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

A S

04/27/2009

Electronic Signature of Signing Officer or Director

Date