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May 09, 2008 8:00 am
Secretary of State
05-09-2008 90008 043 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000127204

1. Entity Name
CUTTING EDGE DESIGNS OF SW FLORIDA, INC.

Principal Place of Business	Mailing Address
16314 ESTUARY COURT BOKEELIA, FL 33922	16314 ESTUARY COURT BOKEELIA, FL 33922

DO NOT WRITE IN THIS SPACE

04252008 No Chg-P CR2E004 (11/05)

4 FEI Number
02-0654491
☐ Applied For
☐ Not Applicable

5 Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PETERS, ~~ROSEMARY~~ ALAN R.
16314 ESTUARY COURT
BOKEELIA, FL 33922

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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 Alan R Peters 4/25/08
Signature of New or Additional Registered Agent (if applicable) Date

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Electoral Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P ALAN R.
NAME	PETERS, ~~ROSEMARY~~
STREET ADDRESS	16314 ESTUARY COURT
CITY-ST-ZIP	BOKEELIA, FL 33922
TITLE	~~VP~~
NAME	~~PETERS, ALAN R~~
STREET ADDRESS	~~16314 ESTUARY COURT~~
CITY-ST-ZIP	~~BOKEELIA, FL 33922~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chap. or 119, Fla. Sts. 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: Alan R Peters ALAN R. PETERS 4/25/08 239-283-4048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #