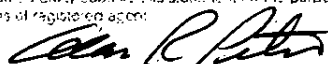


FILED
May 09, 2008 8:00 am
Secretary of State

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 16314 ESTUARY COURT BOKEELIA, FL 33922		Mailing Address 16314 ESTUARY COURT BOKEELIA, FL 33922	
DO NOT WRITE IN THIS SPACE			
04252008 No Chg-P CR2E034 (11/05)			
4. FEE 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		DO NOT WRITE IN THIS SPACE	
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 		DATE 4/25/08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election, Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
FULL NAME PETERS, ROSEMARY ALAN R. STREET ADDRESS 16314 ESTUARY COURT CITY, ST, ZIP BOKEELIA, FL 33922	DO NOT WRITE IN THIS SPACE		
FULL NAME PETERS, ALAN R. STREET ADDRESS 16314 ESTUARY COURT CITY, ST, ZIP BOKEELIA, FL 33922			
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FULL NAME PETERS, ALAN R. STREET ADDRESS 16314 ESTUARY COURT CITY, ST, ZIP BOKEELIA, FL 33922			
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 or submitted by 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 or is changed or in an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE 4/25/08 239-283-4048	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			