2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# P03000035244

Entity Name: EDGE OF THE LEDGE INC.

Current Principal Place of Business:

26 PARK AV
ROCKLEDGE, FL 32955

New Principal Place of Business:

1000 ROCKLEDGE DR
ROCKLEDGE, FL 32955

Current Mailing Address:

26 PARK AV
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GILLIARD, JEFFERY D TREASUR
26 PARK AV
ROCKLEDGE, FL 32955 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: DONNELLY, TOM
Address: 1000 ROCKLEDGE DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP ( ) Delete
Name: LENGYEL, MARTY
Address: 1000 ROCKLEDGE DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP (X) Delete
Name: POTTER, JASON
Address: 100 ROCKLEDGE DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: TRES ( ) Delete
Name: GILLIARD, JEFFERY D
Address: 1000 ROCKLEDGE DR
City-St-Zip: ROCKLEDGE, FL 32955

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JEFFERY D. GILLIARD TRES 04/26/2004
Electronic Signature of Signing Officer or Director — Date