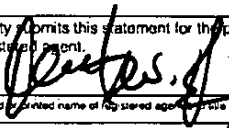


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

01-21-2005 90049 040 ***150.00

DOCUMENT # P03000096852					
1. Entity Name ADVANCED EDGE, INC.					
Principal Place of Business 8668 NAVARRE PKWY #330 NAVARRE, FL 32566 US			Mailing Address 8668 NAVARRE PKWY #330 NAVARRE, FL 32566 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number APPROVED FOR 41-2108574				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RILEY, BRADLEY W 7076 BRIGHTON OAKS BLVD. NAVARRE, FL 32566				7. Name and Address of New Registered Agent Name Riley, Bradley W Street Address (P.O. Box Number is Not Acceptable) 8668 NAVARRE PKWY #330 City Navarre FL Zip Code 32566	
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 1/17/05 Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition		
NAME	RILEY, BRADLEY W	NAME	Riley, Bradley W		
STREET ADDRESS	7076 BRIGHTON OAKS BLVD.	STREET ADDRESS	6771 Avenida De Galvez		
CITY-ST-ZIP	NAVARRE, FL 32566	CITY-ST-ZIP	NAVARRE, FL 32566		
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	PAULSON, TERRY L	NAME			
STREET ADDRESS	8668 NAVARRE PKWY #330	STREET ADDRESS			
CITY-ST-ZIP	NAVARRE, FL 32566	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  2000			Date 1/17/05 Daytime Phone # 850-855-7361		

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01142005 Chg-P CR2E034 (10/03)