


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90019 037 ***158.75

DOCUMENT # P03000104624	
1. Entity Name CUTTING EDGE TREE CONSULTING, INC.	

DO NOT WRITE IN THIS SPACE

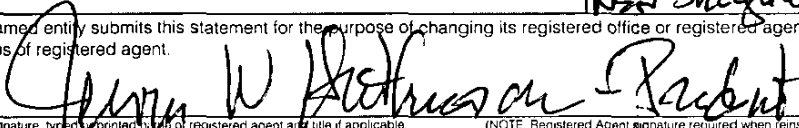
2. Principal Place of Business 444 Bouchelle Dr - Apt 304		3. Mailing Address < Same	
Suite, Apt. #, etc. Apt 304		Suite, Apt. #, etc.	
City & State New Smyrna Beach, Florida		City & State	
Zip 32169	Country USA	Zip	Country

4. FEI Number 331059072	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent	
Name TERENCE W HUTCHINSON	
Street Address (P.O. Box Number is Not Acceptable) 444 Bouchelle Dr.	
City New Smyrna Beach, FL	
Zip Code 32169	

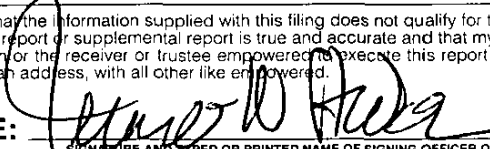
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 2-20-07

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / Director TERENCE W HUTCHINSON 444 Bouchelle Dr - Apt 304 New Smyrna Beach, Florida 32169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE 2-20-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TERENCE W HUTCHINSON 1-386-426-8932	