## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

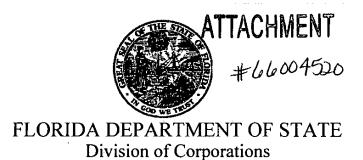
## Secretary of State DOCUMENT # P03000120386 3. Entity Name ---02-21-2006 90023 037 \*\*\*150.00 RAGGED EDGE MANAGEMENT, INC. Principal Place of Business Mailing Address - VUUZUEII 3104 N. ARMENIA AVE. SUITE 2 WEST TAMPA FL 33607 3104 N. ARMENIA AVE. SUITE 2 WEST TAMPA FL 33607 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Act. #. etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 75-3134524 Not Applicable. Zio Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --CLARK, WILLIAM E. Street Address (P.O. Box Number is Not Acceptable) 3104 N. ARMENIA AVE. SUITE 2 WEST **TAMPA FL 33607** City Zip Code 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent aignature required when reinstaling) FILE NOW!!! FEE ISI\$ 150.00 After May 1, 2006 Fee Will Be \$550.00 \$ 3.0 Make Check Payable to Florida Department of State ( 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VΡ DILE Delete TILE ☐ Change Addition NAME CLARK, WILLIAM E 🐣 🧀 NAME STREET ADDRESS 3104 N. ARMENIA AVE. SUITE 2 WEST STREET ADDRESS CITY-S7-7P TAMPA FL 33607 CITY ST-ZIP PRES TTLE ☐ Delete m.e Change Addition TASHKIN, SCOTT J NUME STREET ADORESS 3104 N. ARMENIA AVE. SUITE 2 WEST STREET ADDRESS CITY-ST-ZIP TAMPA FL 33607 CITY-ST-ZIP TITL F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME KAME STREET ADDRESS STREET ADCRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 under cath; that I am an officer or director of the corporation or the receiver in Justice 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 10, 2006 8:00 am

813 769,1100-112



February 22, 2006

RAGGED EDGE MANAGEMENT, INC. 3104 N. ARMENIA AVE. SUITE 2 WEST TAMPA, FL 33607

Subject: RAGGED EDGE MANAGEMENT, INC.

Reference Number:

P03000120386

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE ANNUAL REPORTS SECTION