## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 24, 2008 08:00 AM Secretary of State **DOCUMENT # P03000143657** 1. Entity Name THE BAER EDGE, INC. Principal Place of Business Mailing Address 10920 BAYMEADOWS ROAD 10920 BAYMEADOWS ROAD 27-303 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 No Chg-P 01202008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0547406 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAER, VICTORIA D DO NOT WRITE 10920 BAYMEADOWS ROAD 27-303 IN THIS SPACE JACKSONVILLE, FL 32256 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE BAER, VICTORIA D NAME STREET ADDRESS 10920 BAYMEADOWS ROAD 27-303 CITY-ST-ZIP JACKSONVILLE, FL 32256 TITLE NAME U00000792854 STREET ADDRESS 01/24/08-80019-025 150.00 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 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: \_

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED