2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State
03-30-2005 90046 045 ***150.00

DOCUMENT # P04000087330

1. Entity Name
NEWEDG INVESTMENTS INC.

Principal Place of Business	Mailing Address
4351 PEMBRIDGE AVE ORLANDO, FL 32826	4351 PEMBRIDGE AVE ORLANDO, FL 32826

03282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
27613 MOORING COVE CT	27613 MOORING COVE CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: YALAHA, FLORIDA	City & State: YALAHA, FLORIDA
Zip: 34797 Country: USA	Zip: 34797 Country: USA

4. FEI Number 20-1223957 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NEWSOME, CHRISTOPHER M.
4351 PEMBRIDGE AVE
ORLANDO, FL 32826

7. Name and Address of New Registered Agent
Name NEWSOME, CHRISTOPHER M
Street Address (P.O. Box Number is Not Acceptable)
826 CHERRY LAUREL ST
City MINNEOLA FL Zip Code 34715

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: [signature] PRESIDENT 3/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P NEWSOME, CHRISTOPHER M 4351 PEMBRIDGE AVE ORLANDO, FL 32826 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NEWSOME, CHRISTOPHER M 826 CHERRY LAUREL ST MINNEOLA, FLORIDA 34715 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V EDGINGTON, ADAM D 138 NAUTICA MILE DR CLERMONT, FL 34711 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V EDGINGTON, ADAM D 27613 MOORING COVE CT YALAHA, FLORIDA 34797 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] PRESIDENT 3/28/05 (407)207-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #