

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90030 012 ***150.00

DOCUMENT # P05000040073 1. Entity Name EDELWEISS MORNINGS, INC.	
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Principal Place of Business 1854 SARNO ROAD MELBOURNE, FL 32935	Mailing Address 1854 SARNO ROAD MELBOURNE, FL 32935
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 121720 Suite, Apt. #, etc.
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City & State City & State WEST MELBOURNE, FL	4. FEI Number 20-2352972
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Zip 32912-1720	Country	Zip 32912-1720	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CONNOR, LAURA 1854 SARNO ROAD MELBOURNE, FL 32935	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRUNESKE, JANET			NAME			
STREET ADDRESS	1854 SARNO ROAD			STREET ADDRESS			
CITY - ST - ZIP	MELBOURNE, FL 32935			CITY - ST - ZIP			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONNOR, LAURA			NAME			
STREET ADDRESS	1854 SARNO ROAD			STREET ADDRESS			
CITY - ST - ZIP	MELBOURNE, FL 32935			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Janet Bruniske **JANET BRUNESKE** 1/22/06 304-671-4910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #