2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000064031

Entity Name: EDITOSH CORPORATION

FILED Aug 31, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

10486 BOYNTON PLACE CIRCLE 413 NE 19TH AVE

814 POMPANO BEACH, FL 33060 BOYNTON BEACH, FL 33437

Current Mailing Address: New Mailing Address:

10486 BOYNTON PLACE CIRCLE 413 NE 19TH AVE

814 POMPANO BEACH, FL 33060

BOYNTON BEACH, FL 33437

FEI Number: 20-2780610 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEDILE, EDSON C

10486 BOYNTON PLACE CIRCLE

STEDILE, EDSON C

413 NE 19TH AVE

814 POMPANO BEACH, FL 33060 US BOYNTON BEACH, FL 33437 US

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.

SIGNATURE: 08/31/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS () Delete Title: () Change () Addition

 Name:
 STEDILE, EDSON
 Name:

 Address:
 10486 BOYNTON PLACE CIRCLE #814
 Address:

 City-St-Zip:
 BOYNTON BEACH, FL 33437
 City-St-Zip:

Title: VPD () Delete Title: () Change () Addition

 Name:
 DENOYE, FERNANDO A
 Name:

 Address:
 1274 NE 40TH ST., APT. 4
 Address:

 City-St-Zip:
 OAKLAND PARK, FL 333344673
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEDILE EDSON PDS 08/31/2007