2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 17, 2006 8:00 am
Secretary of State
01-23-2006 90054 018 ***150.00

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01172006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000102624

1. Entity Name
EDISON GROUP INTL CORP.

Principal Place of Business	Mailing Address
10086 SW 77 COURT MIAMI, FL 33156 US	10086 SW 77 COURT MIAMI, FL 33156 US

2. Principal Place of Business		3. Mailing Address	
12151 SW 128 Ct, Unit 106		12151 SW 128 Ct, Unit 106	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami FL		City & State: Miami, FL	
Zip: 33186	Country: US	Zip: 33186	Country: US.

4. FEI Number: [illegible] ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRIPPA, CORRADO 10086 SW 77 COURT MIAMI, FL 33156	Name: Corrado Crippa Street Address (P.O. Box Number is Not Acceptable): 12151 SW 128 Ct, Unit 106 City: Miami FL Zip Code: 33186

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: Corrado Crippa 01/17/2006.
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, 2006 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 CRIPPA, CORRADO 10086 SW 77 COURT MIAMI, FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CRIPPA, MARUSIA 10086 SW 77 COURT MIAMI, FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Corrado Crippa 01/17/2006 (305)253-8644.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #