


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90115 046 ***150.00

DOCUMENT # P05000151738					
1. Entity Name CUTTING EDGE CONSTRUCTION & WOODWORKS, INC.					
Principal Place of Business 22901 ROSEDALE DRIVE 102 BONITA SPRINGS, FL 34135 US			Mailing Address 22901 ROSEDALE DRIVE 102 BONITA SPRINGS, FL 34135 US		
2. Principal Place of Business - No P.O. Box # 8533 VIA GARBALDI CIRCLE Suite, Apt. #, etc. #201		3. Mailing Address 8533 VIA GARBALDI CIRCLE Suite, Apt. #, etc. #201			
City & State ESTERO, FL		City & State ESTERO, FL		4. FEI Number 20-3795582	
Zip 33928		Country LEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRUEBLOOD, MICHAEL S 22901 ROSEDALE DRIVE 102 BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent Name <u>TRUEBLOOD, MICHAEL S</u> Street Address (P.O. Box Number is Not Acceptable) <u>8533 VIA GARBALDI CIRCLE #201</u> City <u>ESTERO</u> <u>FL</u> Zip Code <u>33928</u>		
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 <u>Scot Trueblood</u> <u>MICHAEL SCOT TRUEBLOOD</u> <u>4/29/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$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 TRUEBLOOD, MICHAEL S 22901 ROSEDALE DRIVE #102 NAPLES, FL 34135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8533 Via Garibaldi Circle #201 Estero, FL 33928	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Scot Trueblood</u> <u>SCOT TRUEBLOOD</u> <u>4/29/07</u> <u>239-293-2891</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					