

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000151738

FILED
Apr 29, 2009
Secretary of State

Entity Name: CUTTING EDGE CONSTRUCTION & WOODWORKS, INC.

Current Principal Place of Business:

8533 VIA GARBALDI CIRCLE
#201
ESTERO, FL 33928 US

New Principal Place of Business:

6017 CYPRESS LN.
BONITA SPRINGS, FL 34134 US

Current Mailing Address:

8533 VIA GARBALDI CIRCLE
#201
ESTERO, FL 33928 US

New Mailing Address:

6017 CYPRESS LN.
BONITA SPRINGS, FL 34134 US

FEI Number: 20-3795582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRUEBLOOD, MICHAEL S
8533 VIA GARBALDI CIRCLE #201
ESTERO, FL 33928 US

Name and Address of New Registered Agent:

TRUEBLOOD, MICHAEL S
6017 CYPRESS LN.
BONITA SPRINGS, FL 34134 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:

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TRUEBLOOD, MICHAEL S
Address: 8533 VIA GARIBALDI CIRCLE #201
City-St-Zip: ESTERO, FL 33928 US

Title: SEC (X) Delete
Name: TRUEBLOOD, SIERRA D
Address: 8533 VIA GARIBALDI CIR. #201
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TRUEBLOOD, MICHAEL S
Address: 6017 CYPRESS LN.
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: () Change () Addition
Name:
Address:
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: SCOT TRUEBLOOD

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date