

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000028102

FILED
May 02, 2007
Secretary of State

Entity Name: THE CAPITAL EDGE GROUP, INC.

Current Principal Place of Business:

10915-121 BAYMEADOWS ROAD STE 109
JACKSONVILLE, FL 32256

New Principal Place of Business:

9838 OLD BAYMEADOWS ROAD
#154
JACKSONVILLE, FL 32256

Current Mailing Address:

10915-121 BAYMEADOWS ROAD STE 109
JACKSONVILLE, FL 32256

New Mailing Address:

9838 OLD BAYMEADOWS ROAD
#154
JACKSONVILLE, FL 32256

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DARRELL, LISA M
10915-121 BAYMEADOWS ROAD STE 109
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

DARRELL, LISA M
9838 OLD BAYMEADOWS ROAD
#154
JACKSONVILLE, FL 32256 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:

05/02/2007

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:

Title: P () Delete
Name: DARRELL, LISA M
Address: 10915-121 BAYMEADOWS ROAD STE 109
City-St-Zip: JACKSONVILLE, FL 32256

Title: V () Delete
Name: GRIPPL, GEORGE G
Address: 11308 CONCH C4
City-St-Zip: JACKSONVILLE, FL 32223

Title: S () Delete
Name: WIMBUSH, WANDA E
Address: 5264 CLEVELAND ROAD
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DARRELL, LISA M
Address: 9838 OLD BAYMEADOWS ROAD #154
City-St-Zip: JACKSONVILLE, FL 32256

Title: V (X) Change () Addition
Name: GIPP, GEORGE G
Address: 11308 CONCH C4
City-St-Zip: JACKSONVILLE, FL 32223

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: LISA M. DARRELL

P

05/02/2007

Electronic Signature of Signing Officer or Director

Date