

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90067 005 ***150.00

DOCUMENT # P06000100872					
1. Entity Name ELECTRONIC & DATABASE PUBLISHING, INC.					
Principal Place of Business 1200 CINNAMON BCH WAY, SUITE 1164 PALM COAST, FL 32137		Mailing Address 1200 CINNAMON BCH WAY, SUITE 1164 18 CINNAMON BEACH PLACE PALM COAST, FL 32137			
2. Principal Place of Business - No P.O. Box # 18 CINNAMON BEACH PLACE Suite, Apt. #, etc.		3. Mailing Address 18 CINNAMON BEACH PLACE Suite, Apt. #, etc.			
City & State PALM COAST, FL Zip 32137 Country USA		City & State PALM COAST, FL Zip 32137 Country USA		4. FEI Number 22-3940093	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WAKEFIELD, STANLEY 1200 CINNAMON BCH WAY, SUITE 1164 18 CINNAMON BEACH PLACE PALM COAST, FL 32137					
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____					
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: DATE: 1/5/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE: PCEO NAME: WAKEFIELD, STANLEY STREET ADDRESS: 1200 CINNAMON BCH WAY, SUITE 1164 18 CINNAMON BEACH PLACE CITY-ST-ZIP: PALM COAST, FL 32137	<input type="checkbox"/> Delete				
TITLE: VCFO NAME: KENNEDY, SUSAN STREET ADDRESS: 22 SUNSWICK RD. CITY-ST-ZIP: DARIEN, CT 06820	<input type="checkbox"/> Delete				
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete				
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete				
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete				
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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: DATE: 1/5/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					