

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000122126

FILED  
Apr 04, 2009  
Secretary of State

Entity Name: CUTTING EDGE REALTY GROUP INC

## Current Principal Place of Business:

1114 NW 6TH ST  
#11  
GAINESVILLE, FL 32601 US

## New Principal Place of Business:

124 DANLEY GRADE RD.  
CRAWFORDVILLE, FL 32326 US

## Current Mailing Address:

PO BOX 5445  
GAINESVILLE, FL 32627 US

## New Mailing Address:

PO BOX 1410  
WOODVILLE, FL 32362 US

FEI Number: 20-8235272      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HENICS, TRACY  
658 SE 4TH AVE  
MELROSE, FL 32666 US

## Name and Address of New Registered Agent:

HENICS, TRACY  
124 DANLEY GRADE RD.  
CRAWFORDVILLE, FL 32326 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: TRACY HENICS

04/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HENICS, TRACY  
Address: 658 SE 4TH AVE  
City-St-Zip: MELROSE, FL 32666 US

Title: D ( ) Delete  
Name: HENICS, KAROLY  
Address: 1114 NW 6TH ST #11  
City-St-Zip: GAINESVILLE, FL 32601 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HENICS, TRACY  
Address: 124 DANLEY GRADE RD.  
City-St-Zip: CRAWFORDVILLE, FL 32326 US

Title: D (X) Change ( ) Addition  
Name: HENICS, KAROLY  
Address: 124 DANLEY GRADE RD.  
City-St-Zip: CRAWFORDVILLE, FL 32326 US

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: TRACY HENICS

P

04/04/2009

Electronic Signature of Signing Officer or Director

Date