## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P06000151594

Entity Name: EDGE TECHNOLOGY DISTRIBUTORS, INC.

FILED May 04, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 234 BLOUNTSTOWN HIGHWAY TALLAHASSEE, FL 32304 **Current Mailing Address: New Mailing Address:** 234 BLOUNTSTOWN HIGHWAY TALLAHASSEE, FL 32304 FEI Number: 11-3801222 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SWEENEY, MICHELLE 9703 PRESTANCIA WAY TALLAHASSEE, FL 32312 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: Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

TALLAHASSEE, FL 32312

Title: ( ) Delete Title: (X) Change ( ) Addition LIVINGSTON, CHARLES C. JR. LIVINGSTON, CHARLES C. JR. Name: Name: 487 CARRINGTON CR. 487 CARRINGTON CR. Address: Address: City-St-Zip: THOMASVILLE, GA 31757 City-St-Zip: THOMASVILLE, GA 31757 Title: Title: (X) Change ( ) Addition () Delete SWEENEY, TRACY MICHELLE Name: SWEENEY, TRACY MICHELLE Name: 9703 PRESTANCIA WAY 9703 PRESTANCIA WAY Address: Address: TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 City-St-Zip: City-St-Zip: Title: Title: () Delete ( ) Change (X) Addition Name: SWEENEY, TRACY MICHELLE Name: 9703 PRESTANCIA WAY Address: Address:

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.

City-St-Zip:

SIGNATURE: MICHELLE SWEENEY P/D 05/04/2007